



## HAWAII STATE LEGISLATURE

STATE CAPITOL  
415 SOUTH BERETANIA STREET  
HONOLULU, HAWAII 96813

December 16, 2019

### MEMORANDUM

TO: All Department Heads

Chief Justice Mark E. Recktenwald  
The Judiciary of Hawaii

Chairperson Colette Y. Machado  
Board of Trustees, Office of Hawaiian Affairs

FROM: Senator Donovan M. Dela Cruz, Chair  
Senate Committee on Ways and Means

Representative Sylvia Luke, Chair  
House Committee on Finance

RE: 2020 Budget Briefing Testimony Instructions

Attached are instructions for the upcoming legislative session's budget briefings. It is important that your agency provide complete information in the requested format.

The deadline to submit budget briefing testimony to our respective offices is one week prior to the date of your scheduled briefing. Briefing dates will be transmitted separately.

Your staff may contact Senate Ways and Means Committee Budget Chief Stacy Ferreira at 586-5834 and House Finance Committee Budget Chief Albert Vargas at 586-6200 with questions.

Thank you for your cooperation.

Attachments.

cc: Administrative Services Offices

## 2020 Legislative Budget Briefing Testimony Instructions

### Overview

- A. Provide your agency's mission statement.
- B. Discuss how current state-wide conditions have affected agency operations and the ability to meet goals. Identify and discuss notable performance measures, expected outcomes, and recent results.

### Federal Funds

- C. Identify programs that have lost or are at risk of losing federal funds. Identify the source of these federal funds by federal award title and CFDA number. Discuss the impact to the public and your planned response, including efforts to supplant any federal fund reductions for the current year (FY20) and the upcoming fiscal year (FY21) with other funds.

### Non-General Funds

- D. Please provide a web link (url) of the reports to the Legislature on non-general funds under your department pursuant to HRS 37-47.

### Budget Requests

- E. Explain the process used to develop the agency's budget and prioritize requests for budget changes.
- F. Identify and discuss significant adjustments contained in the budget request submitted to the legislature. Explain and quantify how significant requests for additional funds are expected to affect outcomes.

### Additional Information

Please use the provided spreadsheets to present the following information.

#### **Table 1: Department Functions**

Organized by division, please provide a list of all functions performed by your department; a description of the function; a list of the activities associated with the particular function; the program ID(s) where the function is implemented; and the statutory reference (Hawaii Revised Statutes or federal Public Law) mandating the function.

**Table 2: Department-Wide Totals**

Please provide totals for the department’s (branch of government's for the Judiciary and OHA) FY20 budget inclusive of restrictions and emergency appropriation requests by means of financing (MOF). Please provide the proposed 2021 fiscal year operating budget adjustments by MOF. Beginning with each department's FY21 appropriations under Act 5 SLH 2019 (Inclusive of Act 6 SLH 2019, Act 28 SLH 2019, Act 29 SLH 2019, Act 30 SLH 2019, Act 56 SLH 2019, Act 59 SLH 2019, Act 113 SLH 2019, Act 116 SLH 2019, Act 122 SLH 2019, Act 123 SLH 2019, and Act 276 SLH 2019), Act 38 SLH 2019, and Act 37 SLH 2019, provide proposed adjustments for all reductions, all additions, and the resultant total for each MOF.

**Table 3: Program ID Totals**

Please provide a list of all program IDs in your department to include the program ID (the three letters and three numbers) and title; the FTE position amounts, both permanent and temporary, and dollar amounts appropriated for each fiscal year under Act 5, 38, or 37, as appropriate, and requested in the administration's budget submittal by MOF; and the percent change for each fiscal year in total dollar amount from the current appropriation for each program ID by MOF.

**Table 4: Budget Decisions**

Please provide a list of all departmental budget requests made to the department of budget and finance, the funding recommendations made by the department of budget and finance to the governor, and the final funding decisions made by the governor. Please provide, by program ID and sub-org, the FTE position amounts, both permanent and temporary, and dollar amounts for each fiscal year by MOF.

**Table 5: Proposed Budget Reductions**

Please provide a list of all proposed reductions for each fiscal year. Do not include trade-offs or transfers. Only include those items which will result in a net decrease to your department’s budget. Please use Act 5, 38, or 37, as appropriate, as the base.

For each reduction, please provide the program ID and sub-org of the reductions; a brief description and the impact; the FTE position amounts, both permanent and temporary, and the dollar amount by MOF of the reduction; and indicate whether the reduction is being carried over from a FY20 restriction.

**Table 6: Proposed Budget Additions**

Please provide a list of all proposed additions for each fiscal year. Do not include trade-offs or transfers. Only include those adjustments which will result in a net increase to your department’s budget. Please use Act 5, 38, or 37, as appropriate, as the base.

For each proposed addition, please provide the program ID and sub-org of the addition; the type of addition by indicating if it relates to fixed costs/entitlement (FC), non-general funds (NG), federal funding (FF), non-recurring items (NR), or additional resources for current programs (AR); the unique priority number of the request within the program ID (1 being the highest priority); the unique priority number of the request within the department (1 being the highest priority); a brief description; justification, including discussion of the amount of resources currently used for the requested purpose; and the FTE position amounts, both permanent and temporary, and the dollar amount by MOF.

**Table 7: Restrictions**

For fiscal years 2017, 2018, 2019, and 2020 restrictions, please provide the program ID and sub-org the restrictions were taken from; the dollar amount budgeted by the department for the sub-org; the dollar amount of the restriction taken by the department from the sub-org; the difference between the amount budgeted by the department and amount restricted; the percentage of the difference to the budgeted amount; and the impact of this restriction. Please break down the information by MOF within each listed program ID and sub-org.

**Table 8: Emergency Appropriation Requests**

Please identify all emergency appropriation requests that your department will be seeking for FY20. If none, please indicate "none." For each request, please provide the program ID; a brief description of the request and an explanation of why funding the request is an emergency, including discussion of when the shortfall became apparent and the reason; and the FTE position amounts, both permanent and temporary, and the dollar amount by MOF.

**Table 9: Expenditures Exceeding or Anticipated to Exceed Appropriation Ceilings in FY19 and FY20**

Please provide a list of all instances the department exceeded or is anticipated to exceed the FY19 and FY20 appropriation by program ID and MOF. Please provide the date the appropriated amount was exceeded, the appropriated amount, the amount exceeding the appropriation, the percent the exceeding amount is of the appropriation, the reason, a citation of the legal authority used to exceed the appropriated amount, whether this is recurring, and whether there is any impact to the general fund.

**Table 10: Intradepartmental Transfers in FY19 and FY20**

Please provide a list of all instances the department transferred positions or funds, or is anticipated to transfer positions or funds, between program IDs in FY19 and FY20. For each transfer, please indicate the date, MOF, the FTE position amount, both permanent and temporary, amount of the transfer, program ID transferred from, program ID transferred to, the reason, and whether the transfer is intended to be recurring.

**Table 11: Vacancy Report as of November 30, 2019**

Please identify all positions vacant as of November 30, 2019. For each position, indicate the program ID and sub-org under which the position is budgeted, date of vacancy, expected fill date, position number, position title, whether exempt, salary range level, bargaining unit code, permanent or temporary, FTE, MOF, annual amount budgeted for the position, annual amount actually last paid for the position and whether the department has authority to hire, whether the position is occupied by an 89 day hire, and if occupied by an 89 day hire, the number of 89 day hire appointments made for the occupant, a description if filled by other means, and a unique priority number indicating preference to retain, one being the most important.

**Table 12: Positions Authorized or Established by Acts Other than the State Budget Acts**

Please provide a list of all existing positions not authorized by Act 5, 38, or 37. Please include the program ID and sub-org under which the position is funded; date the position was established; citation of the specific legal authority used to establish the position; position number and title; whether the position is exempt; salary range level; bargaining unit; whether temporary or permanent; MOF; FTE amount; actual current annual salary or salary last paid; whether filled; and whether filled by an 89 day hire.

**Table 13: Overtime Expenditure Summary**

Please provide amounts actually expended for FY18 and FY19, estimated in FY20, and the proposed budgeted amount for FY21 for salary and overtime by program ID, sub-org, and MOF. Additionally, please indicate the percent of overtime as a proportion of base salary for each year.

**Table 14: Active Contracts as of December 1, 2019**

Please provide a list of all contracts awarded for operating costs currently authorized by the department and in effect as of December 1, 2019 by program ID and MOF. For each contract, indicate the amount paid, the frequency of the payment (monthly, annually, or other – please describe), the maximum value of the contract, the outstanding balance of the contract, the date the contract was executed, the dates the contract is in effect, the entity (organization, vendor, lessor, person, etc.) contracted, a description of the contract, an explanation of how the contract is monitored, and whether the contract qualifies as a purchase of service. Additionally, please indicate whether the contract is for a lease of equipment (E), lease of real property, including office space (L), public relations (P), or for legal counsel or services (C). If the contract does not fit these categories, indicate whether it is for a good (G) or service (S). Indicate noncancelable operating leases and capital leases by appending an asterisk (\*) to the letter designation.

### **Table 15: Capital Improvement Program (CIP) Requests**

Please provide a list of all CIP requests. For each capital appropriation request, please provide the program ID; the unique priority number of the request within the program ID, with 1 being the highest priority; the unique priority number of the request within the department, with 1 being the highest priority; the state senate district; the state representative district; the project title; MOF; and amount by fiscal year.

### **Table 16: CIP Lapses**

Please provide a list of proposed lapses. Please include the program ID, act and year of the appropriation, project title, MOF, amount requested for lapse, and the reason for lapsing the appropriation.

If no request is being made, please indicate "none."

### **Table 17: Program ID Sub-Organizations**

For each program ID, please provide a list of all sub-organizations to include the sub-org code, the name of each, and the objective.

### **Table 18: Organization Changes**

Use table 18 to identify all changes that have been made or that are proposed to be made to the organizational charts by providing the description of the changes.

Additionally, please provide a web link (url) to a complete set of your departments' functional organization charts for the current fiscal year.

### **Testimony Submission**

The Judiciary, the Office of Hawaiian Affairs, and most executive branch expending agencies should each submit **one** consolidated response in the requested formats. Executive branch attached agencies that are scheduled separately from the agency it is attached to should submit a separate response.

Please use standard 8.5" x 11" paper and 12 point Calibri font. Testimony should be submitted no later than one week prior to your scheduled briefing date in the following manner:

Email a consolidated PDF of your testimony to [WAMTestimony@capitol.hawaii.gov](mailto:WAMTestimony@capitol.hawaii.gov) and to [a.vargas@capitol.hawaii.gov](mailto:a.vargas@capitol.hawaii.gov). Please also email excel files of the testimony table attachments to Stacy Ferreira at [s.ferreira@capitol.hawaii.gov](mailto:s.ferreira@capitol.hawaii.gov) and Albert Vargas at [a.vargas@capitol.hawaii.gov](mailto:a.vargas@capitol.hawaii.gov).