

TO: DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE

Request is hereby made for approval of the following allotments:

STATE OF HAWAII REQUEST FOR ALLOTMENT

A-19 - NON-APPROPRIATED FEDERAL AWARD

DEPARTMENT AGRICULTURE May include account title.

APPROPRIATION SYMBOL S-14-500-A (Agric Mgt Asst Organic Cert) Insert "Special"

APPROPRIATION TITLE AND ACT NO. OR LAW Non-Appropriated Enter "Non-appropriated"

PROGRAM I.D. NO. AND TITLE AGR 151, Quality and Price Assurance

SPECIAL

FUND

P

MEANS OF FINANCING

Enter applicable means of financing.

COMPTROLLER'S NO. _____ DATE 09/05/13
XXXXXXXXX MM/DD/YY

DEPT. NO. A008

ORIGINAL OR AMENDMENT NO. _____

SIGNATURE _____ Enter reversion indicator "N"

ALLOTMENT CATEGORY DESCRIPTION	APPROPRIATION	RESTRICTED	ALLOCATION FOR THIS FISCAL YEAR	ALLOTMENT FOR QUARTER JULY-SEPT	ALLOTMENT FOR QUARTER OCT-DEC	ALLOTMENT FOR QUARTER JAN-MAR	ALLOTMENT FOR QUARTER APR-JUNE	ESTIMATED BALANCE JUNE 30, 2014	R E V
Personal Services Increase fed ceiling - Gov approved.			25,000.00	2,000.00	2,000.00	2,000.00	2,000.00	17,000.00	N
10 - Personal Services	0.00	0.00	25,000.00	2,000.00			2,000.00	17,000.00	
Other Current Expenses Increase fed ceiling - Gov approved.			125,000.00	15,000.00	15,000.00	12,000.00	30,000.00	53,000.00	N
20 - Other Current Expenses	0.00		125,000.00	15,000.00	15,000.00	12,000.00	30,000.00	53,000.00	
	0.00	0.00	150,000.00	17,000.00	17,000.00	14,000.00	32,000.00	70,000.00	

Allocate amount of award between payroll and others

Enter quarterly amount based on Execution Policies.
Interim - 1st qtr allocation
Full-Year - all qtrs

Estimated Balance reflects total award less projected expenditures in current fiscal year.

Amount should reflect total award approved by Governor.

ALLOTMENT ADVISORY: TO THE HEAD OF THE DEPARTMENT NAMED ABOVE: Please be advised that the following allotments have been approved. Expenditure _____ amounts approved.

DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
BY DIRECTION OF THE GOVERNOR

Enter amount of total award to establish appropriation ceiling. Amount should reflect total award approved by Governor.

APPROPRIATION		ALLOTMENT	ALLOT CAT	1ST QUARTER AMOUNT		2ND QUARTER AMOUNT		3RD QUARTER AMOUNT		4TH QUARTER AMOUNT		ALLOTMENT REVERSIONS			
APPROPRIATION EST/ INCREASE	RESTRICTION INCREASE	ALLOT EST/ INCREASE		TC	XXXXXXXXXXXX	XX	TC	XXXXXXXXXXXX	XX	TC	XXXXXXXXXXXX	XX	REVERSION DECREASE		
TC	XXXXXXXXXXXX	XX	TC	XXXXXXXXXXXX	XX								TC	XXXXXXXXXXXX	XX
411	150,000	00	431										593		
APPROPRIATION DECREASE	RESTRICTION DECREASE	ALLOT EST/ INCREASE													
TC	XXXXXXXXXXXX	XX	TC	XXXXXXXXXXXX	XX										
412			432												

INSTRUCTIONS: Prepare in triplicate and submit all copies to the Department of Budget and Finance. State fully on the reverse side the necessity for requesting amended allotment. Requests for capital outlays must be itemized.

STATE ACCOUNTING FORM A-19
JANUARY 1, 2000 (REVISED)

SAMPLE 3

Non-appropriated federal funds, approved by Governor dated xxxxxx.