

## STATE OF HAWAII DEPARTMENT OF HEALTH P. O. BOX 3378

P. O. BOX 3378 HONOLULU, HI 96801-3378 In reply, please refer to: File:

December 15, 2016

DEPT. COMM. NO. 306

The Honorable Ronald D. Kouchi, President and Members of the Senate Twenty-Eighth State Legislature State Capitol, Room 409 Honolulu, Hawaii 96813

The Honorable Joseph M. Souki, Speaker and Members of the House of Representatives Twenty-Eighth State Legislature State Capitol, Room 431 Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Souki and Members of the Legislature:

Pursuant to Section 103 of Act 119, SLH 2015, the Department of Health has requested approval to extend the appropriation account lapse dates for the federal award and matching non-general funds, as applicable, listed on Form E-4. The reasons for the request are noted on the form.

Attached is a copy of our department's request.

Sincerely,

Virginia Pressler, M.D. Director of Health

## Attachment

c: Honorable Jill N. Tokuda Honorable Sylvia Luke

bc: Honorable Wesley K. Machida

Form E-4 (June 2016)

## REQUEST TO EXTEND LAPSE DATE OF FEDERAL FUNDS OR OTHER FEDERAL FUNDS AND NON-GENERAL MATCHING FUNDS

Approval is requested to extend the lapse date for the following federal awards or non-general matching funds.

1. Department	Department of Health									
2. Program ID		4. CFDA N	o. 5. Appropriation Account Symbol	6. Appropriation Account Title	7. MOF	8. Act/Year or Non Appropriated. If CIP, Include	9. Authorized Lapse Date	10. New Lapse Date Requested (6/30/xx)	11. Award Performance Period (Start/End Date)	12. Justification for Extension of Lapse Date
HTH760	Prime	93.136	S-15-593-H	Collecting Violent Death Information Using the National Violent Death	N	Non Appropriated	6/30/2017	6/30/2020	9/1/2014 - 9/30/2019	To coincide with the closeout date for the award ending 9/30/2019.
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13. Submitted By (Type Name) Alvin T. Onaka, Ph.D.				Signature Clurin T.	<u>_</u> ہر	eka				DEC 1 5 2016
14. Department Head (Type Name) Virginia Pressler, M.D.				Signature of Department Head	<b>%</b>	FNU	rlle		Pagaran Sangaran S	JAN 1 1 2017
15. Governor's Approval:				DISAPPROVED						
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Governor, State of Hawaii			_	Signature Date						
ATTACHMENT  1. Federal Awai  2. Form E-5 (Co	d Notice show	ing Perform	nance Period (Cop	ROUTING:		Department to G     Governor to Dep     Dept. to DAGS 8	artment			