

DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

December 15, 2016

DEPT. COMM. NO. 307

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

FEDERAL FUND REQUEST

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	3. Prime (P) or Sub Award (S)	4. CFDA No.	5. Appropriation Account Symbol	6. Appropriation Account Title	7. MOF	8. Act/Year or Non Appropriated. If CIP, include Item No.	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.	
13. Submitted By (Type Name) Alvin T. Onaka, Ph.D.					Signature <i>Alvin T. Onaka</i>					Date DEC 15 2016	
14. Department Head (Type Name) Virginia Pressler, M.D.					Signature of Department Head <i>Virginia Pressler</i>					Date JAN 11 2017	
15. Governor's Approval: <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> DISAPPROVED											
David Y. Ige					Signature					Date	
Governor, State of Hawaii					Signature					Date	

ATTACHMENTS:
 1. Federal Award Notice showing Performance Period (Copy)
 2. Form E-5 (Copy)

ROUTING: 1. Department to Governor
 2. Governor to Department
 3. Dept. to DAGS & B&F (Copy)

Date: _____
 Date: _____
 Date: _____

14806

17-000075