

STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
Land Division  
Honolulu, Hawaii 96813

October 11, 2024

Board of Land and Natural Resources  
State of Hawaii  
Honolulu, Hawaii

HAWAII

Consent to Federal Interest Affecting Property Located on the Land Covered by  
General Lease No. S-5976 Regarding the Replacement of the Existing Air  
Conditioning System; Hospice of Hilo, Lessee, Waiakea, South Hilo, Hawaii, Tax  
Map Key: (3) 2-4-001: 179.

APPLICANT:

Hospice of Hilo dba Hawai'i Care Choices, a Hawaii nonprofit corporation.

LEGAL REFERENCE:

Sections 171-6 and -43.1, Hawaii Revised Statutes, as amended.

LOCATION:

Portion of Government lands situated at Waiakea, South Hilo, Hawaii, identified by  
Tax Map Key: (3) 2-4-001:179, as shown on the attached map labeled Exhibit A.

AREA:

3.500 acres, more or less.

ZONING:

State Land Use District: Urban  
County of Hawaii CZO: RS-10

TRUST LAND STATUS:

Section 5(b) lands of the Hawaii Admission Act

DHHL 30% entitlement lands pursuant to the Hawaii State Constitution: NO

CURRENT USE STATUS:

Encumbered under General Lease No. S-5976 to Hospice of Hilo.

CHARACTER OF USE:

For Hospice and allied purposes.

LEASE TERM:

65 years, commencing on February 22, 2008 and expiring on February 21, 2073.  
Next rental reopening is scheduled for February 22, 2028.

ANNUAL RENT:

\$480.00 Payable in advance, without notice or demand, on February 22nd of each and every year.

RENTAL REOPENINGS:

The annual rental shall be reopened and redetermined based on the Board's then prevailing Minimum Rent Policy for eleemosynary organizations.

CHAPTER 343 - ENVIRONMENTAL ASSESSMENT:

In accordance with Hawaii Administrative Rules (HAR) § 11-200.1-16 (a)(1) and the Exemption List for the Department of Land and Natural Resources reviewed and concurred on by the Environmental Council on November 10, 2020, the subject request is exempt from the preparation of an environmental assessment pursuant to Exemption Class No. 1 that states, "Operations, repairs or maintenance of existing structures, facilities, equipment, or topographical features, involving minor expansion or minor change of use beyond that previously existing," and Item 40 that states, "Leases of State land involving negligible or no expansion of change of use beyond that previously existing." The proposed request is a de minimis action that will probably have minimal or no significant effect on the environment and should be declared exempt from the preparation of an environmental assessment and the requirements of § 11-200.1-17, HAR.

REMARKS:

At its meeting of February 22, 2008, Item D-3, the Board of Land and Natural Resources (Board) approved the issuance of a direct lease to the Hospice of Hilo, for Inpatient Hospice Facility and Related purposes. The lessee constructed a new twelve (12) unit (with infrastructure which allows for possible expansion to accommodate additional units) single story hospice center that included conference rooms, office/outreach space, a multi-denominational chapel, visitor and children meeting rooms along with equipment storage rooms and visitor and staff restrooms. Each furnished suite has sleeping and sitting area for patient, ample closet space, a portioned sleeping area for visiting family member and a private bath specially designed to accommodate the needs of the patient.

At its meeting on February 9, 2024, the Board voted to approve an amendment to the lease to allow the lessee to expand the permitted hospice and related care uses to include adult residential care home services, and to modify the rent reopening provisions of the lease to set rent based on the Board's then prevailing policy on leasing to eleemosynary organizations (as opposed to fair market rental value determined by appraisal).

Since then, the lessee began accepting adult residential care home (ARCH) patients to its facility and has completed the design of a more efficient air conditioning system to replace the existing system in order to accomplish substantial reduction in operation costs. Lessee has now submitted a building permit application and is awaiting its approval from the County of Hawaii.

The Department of Land and Natural Resources (DLNR) was recently asked to sign a Landlord Letter of Consent for purposes of the Hospice of Hilo's submittal of a grant application<sup>1</sup> to the Health Resources & Services Administration (HRSA) to improve the lease premises by installing a more efficient Air Conditioning (AC) System. In support of the AC System improvements, DLNR had previously approved a building permit application therefor. The terms of the letter of consent require the approval of the Board of Land and Natural Resources.

The HRSA is an agency of the U.S. Department of Health and Human Services and whose overall mission is to provide equitable health care to people who are geographically isolated and medically vulnerable.

On September 12, 2024, the HRSA issued its Notice of Award (Exhibit B) approving an award of \$1,217,000 to assist in the funding of the AC System improvements with a required Project Period Start Date of September 30, 2024. As lessee is not the fee owner, the award's Program Specific Conditions include the requirement for DLNR issuing (1) a signed Landlord Letter of Consent within sixty (60) days of the Project Period Start Date (November 29, 2024), and (2) the

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<sup>1</sup> Grant Application HRSA- 24-110

recording of a Notice of Federal Interest (NFI) within one hundred twenty (120) days of the Award Issue Date of September 12, 2024 (January 10, 2025), As such, DLNR's timely approval of the landlord consent letter and the NFI is required (refer to Exhibit C for NFI).

Based on past experience with HRSA projects, staff understands there is no expiration date on the federal interest. The federal interest will last for the life of the improvement and will be commensurate with its depreciated value. Further, the federal interest does not encumber any current or future rents payable to the State for the subject parcel.

Lessee is in compliance with the terms and conditions of the lease, including rent and insurance. There are no other pertinent issues or concerns regarding the subject lease or the request. Staff believes the proposed improvement will help the Lessee utilize the parcel more efficiently pursuant to the subject lease for the benefit of the community.

Staff recommends the Board authorize the Chairperson to execute the required landlord consent and to record the Notice of Federal Interest affecting the above-described improvement to be placed on the land covered by the subject lease.

RECOMMENDATION: That the Board:

1. Declare that, after considering the potential effects of the proposed disposition as provided by Chapter 343, HRS, and Chapter 11-200.1, HAR, this project will probably have minimal or no significant effect on the environment and is therefore exempt from the preparation of an environmental assessment as a de minimis action.
  
2. Authorize the Chairperson to execute the Landlord Letter of Consent and Notice of Federal Interest affecting the above-described improvement to be placed on the land covered by the subject lease, further subject to the following:
  - A. Review and approval by the Department of the Attorney General; and
  - B. Other terms and conditions as prescribed by the Chairperson which best serve the interest of the State.

Respectfully Submitted,

*Candace Martin*

For

*KEH*  
*—*

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Gordon C. Heit  
District Land Agent

APPROVED FOR SUBMITTAL:

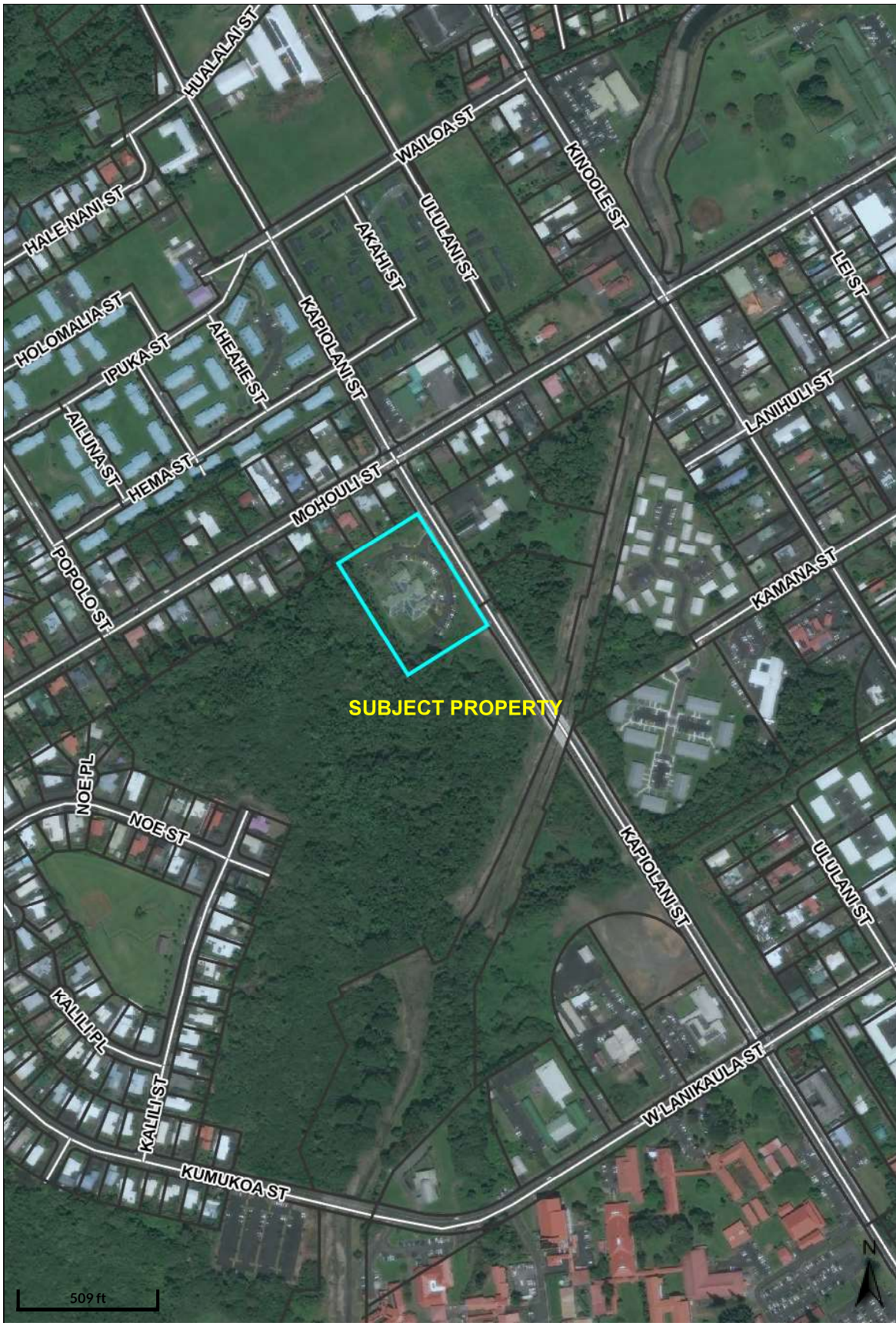


*RT*

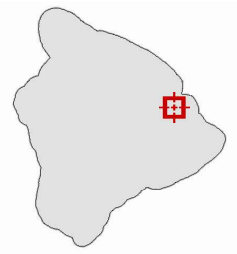
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Dawn N. S. Chang., Chairperson

# GLS-5976



## Overview



## Legend



# EXHIBIT A

# EXHIBIT B



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# CE153777  
Federal Award Date: 09/12/2024

## Recipient Information

- 1. Recipient Name**  
HOSPICE OF HILO  
1011 Waiuanue Ave  
Hilo, HI 96720-2019
- 2. Congressional District of Recipient**  
02
- 3. Payment System Identifier (ID)**  
1990218512A1
- 4. Employer Identification Number (EIN)**  
990218512
- 5. Data Universal Numbering System (DUNS)**
- 6. Recipient's Unique Entity Identifier**  
F6LLGKQ9XEL6
- 7. Project Director or Principal Investigator**  
Lori Jordan  
Director of Org Excellence & Advancement  
ljordan@hawaiicarechoices.org  
(808)969-1733
- 8. Authorized Official**  
Lori Jordan  
Director of Org Excellence & Advancement  
ljordan@hawaiicarechoices.org  
(808)969-1733

## Federal Agency Information

- 9. Awarding Agency Contact Information**  
Crystal Howard  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
choward@hrsa.gov  
(301) 443-3844
- 10. Program Official Contact Information**  
Maritere Mulero Hernandez  
Project Officer  
Health Systems Bureau (HSB)  
mmulerohernandez@hrsa.gov  
(301) 443-0236

## Federal Award Information

- 11. Award Number**  
1 CE1HSS3777-01-00
- 12. Unique Federal Award Identification Number (FAIN)**  
CE153777
- 13. Statutory Authority**  
Further Consolidated Appropriations Act, 2024 (P.L. 118-47)
- 14. Federal Award Project Title**  
Community Project Funding/Congressionally Directed Spending - Construction
- 15. Assistance Listing Number**  
93.493
- 16. Assistance Listing Program Title**  
Congressional Directives
- 17. Award Action Type**  
New
- 18. Is the Award R&D?**  
No

## Summary Federal Award Financial Information

<b>19. Budget Period Start Date 09/30/2024 - End Date 09/29/2027</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,217,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,217,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$1,217,000.00
<b>26. Project Period Start Date 09/30/2024 - End Date 09/29/2027</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,217,000.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
LaShawna Smith on 09/12/2024

## 30. Remarks



Notice of Award  
Award Number: 1 CE1HS53777-01-00  
Federal Award Date: 09/12/2024

**Health Systems Bureau (HSB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input checked="" type="checkbox"/>	Grant Funds Only
<input type="checkbox"/>	Total project costs including grant funds and all other financial participation
a.	Salaries and Wages: \$0.00
b.	Fringe Benefits: \$0.00
c.	Total Personnel Costs: \$0.00
d.	Consultant Costs: \$0.00
e.	Equipment: \$0.00
f.	Supplies: \$0.00
g.	Travel: \$0.00
h.	Construction/Alteration and Renovation: \$1,057,072.00
i.	Other: \$159,928.00
j.	Consortium/Contractual Costs: \$0.00
k.	Trainee Related Expenses: \$0.00
l.	Trainee Stipends: \$0.00
m.	Trainee Tuition and Fees: \$0.00
n.	Trainee Travel: \$0.00
o.	TOTAL DIRECT COSTS: \$1,217,000.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00
i.	Indirect Cost Federal Share: \$0.00
ii.	Indirect Cost Non-Federal Share: \$0.00
q.	TOTAL APPROVED BUDGET: \$1,217,000.00
i.	Less Non-Federal Share: \$0.00
ii.	Federal Share: \$1,217,000.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a.	Authorized Financial Assistance This Period <b>\$1,217,000.00</b>
b.	Less Unobligated Balance from Prior Budget Periods
i.	Additional Authority \$0.00
ii.	Offset \$0.00
c.	Unawarded Balance of Current Year's Funds \$0.00
d.	Less Cumulative Prior Award(s) This Budget Period \$0.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$1,217,000.00</b>

<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
Not applicable	

<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
a.	Amount of Direct Assistance <b>\$0.00</b>
b.	Less Unawarded Balance of Current Year's Funds <b>\$0.00</b>
c.	Less Cumulative Prior Award(s) This Budget Period <b>\$0.00</b>
d.	AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>

**35. FORMER GRANT NUMBER**

<b>36. OBJECT CLASS</b>	
41.11	

**37. BHCNIS#**

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

**39. ACCOUNTING CLASSIFICATION CODES**

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 370CONS	93.493	24CE1HS53777	\$1,217,000.00	\$0.00	N/A	24CE1HS53777



## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Program Specific Condition(s)

**1. Due Date: Within 60 Days of Award Issue Date**

For property not owned by the award recipient, the award recipient is responsible for providing a signed Landlord Letter of Consent Statement of Agreement and the Lease/Occupancy Documentation (as defined in the program guidance) from the facility property owner into HRSA's Electronic Handbook within 60 days of Project Period Start Date.

**2. Due Date: Within 120 Days of Award Issue Date**

The award recipient must record a Notice of Federal Interest (NFI) in the appropriate official records of the jurisdiction in which the property is located. A notarized and recorded copy of the NFI must be submitted into HRSA's Electronic Handbook.

### Grant Specific Term(s)

- 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
- Equipment includes all moveable equipment that has a useful life of more than one year, including information technology systems. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Any equipment purchased with your CDS award must be procured, maintained, tracked, and disposed of in accordance with 45 CFR part 75.
- As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
- All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
- The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**

You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:

<http://pms.psc.gov/find-pms-liaison-accountant.html>

### Program Specific Term(s)

1. On September 15, 2010, the United States Department of Justice published revised Americans with Disabilities Act (ADA) regulations in the Federal Register that update and amend some of the provisions in the original 1991 ADA regulations (see <http://www.ada.gov/>). These changes include revised accessibility standards, called the 2010 Standards for Accessible Design (2010 Standards), which establish minimum criteria for accessibility in design and construction ([http://www.ada.gov/2010ADASTandards\\_index.htm](http://www.ada.gov/2010ADASTandards_index.htm)).
2. The award recipient must submit an annual Federal Financial Report with expense date for each consecutive twelve (12) month budget period. This report is submitted through the Payment Management System (PMS).
3. This Notice of Award (NoA) is issued to inform your organization of the awarding of Community Project Funding/Congressionally Directed Spending (CPF/CDS): Construction Projects (HRSA-24-110) funding. This funding is authorized by the FY 2024 Consolidated Appropriations Act (P.L. 118-47) for projects that relate to the construction and renovation (including equipment) of health care and other facilities. This award cannot be transferred to another entity.
4. Each budget has a Federal Percentage Share based upon the award amount and the total allowable costs. Grant funds can only be drawn down from the Payment Management System (PMS) as allowable costs are incurred. Unless otherwise authorized, draw down should be done in the same proportion as the grant is to total project costs in the approved budget. For example, for a project with a total allowable cost of \$100,000, and a federal contribution of \$75,000, the federal share is 75 percent. If \$100 in allowable costs are incurred, then \$75 of grant funds would be drawn down from PMS to pay this incurred cost, while the other \$25 will be paid by other sources of funds. The draw down percentage may be re-evaluated based on any modifications to the project that have been received from the grantee and approved by HRSA.
5. Applicants that are NOT required to file a Notice of Federal Interest, still acknowledge with the receipt of the Notice of Award that the Federal interest exists in real property and equipment and will be maintained in accordance with 45 CFR Part 75 UNIFORM ADMINISTRATIVE REQUIREMENTS FOR AWARDS AND SUBAWARDS TO INSTITUTIONS OF HIGHER EDUCATION, HOSPITALS, OTHER NONPROFIT ORGANIZATIONS, or 45 CFR Part 75 UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND COOPERATIVE AGREEMENTS TO STATE AND LOCAL GOVERNMENTS, as applicable. The recipient shall maintain adequate documentation to track and protect the Federal Interest. For real property, adequate documentation will also include communications between the lessor and the lessee related to protecting such interest, in accordance with the standard award terms and conditions. Such documentation should be available for subsequent review by HRSA.
6. The preferred method for accomplishing construction development is by soliciting for competitive bids and then selecting the lowest responsive and responsible bid (where the contractor has adequately responded to the terms, conditions, and specification of the bid and has the capability to satisfactorily perform the contract). However, some award recipients may wish to accomplish construction using their own work force (force account). The award recipient must justify the use of force account by demonstrating that it would be more cost effective and that qualified personnel are available to accomplish the work. Consultation with the Project Officer is needed to determine if force account labor will be permitted.
7. If a Notice of Federal Interest (NFI) is required, HRSA's Federal interest is subordinate to all pre-existing mortgages or obligations recorded against the property. HRSA's Federal interest is also subordinate to loans and obligations identified in the application as sources of financing for the project. Future modifications and new mortgages and obligations will require prior approval.
8. You will need to submit a pre-award prior approval request to HRSA for review of any costs incurred up to 90 day prior to the Consolidated Appropriations Act, 2024 (P.L. 118-47; enacted March 23, 2024). Please refer to HRSA-24-110 for further guidance.
9. The award recipient does not have expanded authority under this program. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75. HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75, or the HHS Grants Policy Statement Prior-Approval Requirements, must be submitted in through the Electronic Handbook. Only responses to prior approval requests signed by the GMO and authorized under a Notice of Award are considered valid. award recipients who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.  
HRSA requires award recipients to seek prior approval through the Electronic Handbook for: (a) all pre-award costs, (b) rebudgeting of funds between construction and nonconstruction work; (c) rebudgeting of project costs exceeding 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period; (d) changes in project scope, which occurs when the recipient proposes to change (or changes) the objectives, aims, or purposes identified in the approved application, including changing location, changing the approved design under a construction grant, eliminating a primary care delivery site, or making budget changes that cause a project to change substantially from that which was approved. Approval of a prior approval request may be conditioned by new terms and conditions that must be met and lifted from the Notice of Award prior to implementing work.
10. An award recipient may acquire a variety of commercially available goods or services in connection with a grant-supported project or program. Award recipients may use their own procurement procedures that reflect applicable state and local laws and regulations, as long as those procedures conform to the following applicable U.S. Department of Health and Human Services (HHS) regulations: HHS regulations at 45 Code of Federal Regulations (CFR) 75 UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND

AUDIT REQUIREMENTS FOR HHS AWARDS. States must follow the requirements at Title 45 CFR 75. Generally, States must follow the same policies and procedures they use for procurements from non-Federal funds. Local and Tribal governments must follow the requirements at 45 CFR 75.

11. All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. Additional requirements found at 45 CFR § 75.307.
12. Although this NoA approves funds for the project(s) identified in the submitted application, HRSA may take action to withdraw the approval and funds for the project(s) if subsequent events lead HRSA to conclude that a project as originally proposed is ineligible or cannot be completed. Subsequent events could include, but are not limited to, non-compliance with the implementation of the project (such as excessive drawdown, improper procurement, conflicts of interests, etc.), significant changes to the location or physical scope of the project without prior approval, or the identification of previously undocumented environmental or historic preservation issues that lead the HRSA to conclude that the proposed project cannot be carried out consistent with the eligibility and program requirements. If this occurs, please contact the assigned Project Officer to discuss.

## Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

## Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS)**. Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

2. **Due Date: Within 90 Days of Project End Date**

Within 90 days of project completion, the award recipient must submit into HRSA's Electronic Handbook a final SF-424C budget page, budget justification, and equipment list (if applicable), for the completed project.

3. **Due Date: Within 90 Days of Project End Date**

Within 90 days of project completion, the award recipient must scan and upload photographs, with brief descriptions, of the project prior to initiating work, during renovation/construction, and of the completed project, including exterior shots (front, rear of building), major rooms and examples of grant provided major equipment items, into the EHB for the approved project.

4. **Due Date: Within 90 Days of Project End Date**

Within 90 days of project completion, the award recipient will submit documentation for the approved project certifying that the project have been completed in accordance with the previously provided certified documents and in accordance with all mandatory requirements imposed on +D3 federally-assisted projects by specific laws enacted by Congress, Presidential Executive Orders, or Departmental Policy, as well as all applicable program standards, State codes, and local codes and ordinances.

5. **Due Date: Semi-Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 30 days after end of reporting period.**

The award recipient will submit a semi-annual Progress Report for the approved project(s) into the HRSA Electronic Handbook (EHB) approximately every six months until the project is completed.

6. **Due Date: Within 90 Days of Project End Date**

The award recipient must submit within 90 days after the project end date the SF-428 (Tangible Personal Property Report) with the SF-428B (Final Report Attachment) and if applicable the SF-428S (Supplemental Sheet). These documents must be completed using the Electronic Handbooks (EHBs). The award recipient is required to report federally-owned property, acquired equipment with an acquisition cost of \$5,000 or more for which HRSA has reserved the right to transfer title, and residual unused supplies with total aggregate fair market value exceeding \$5,000. Records for equipment acquired with Federal funds shall be retained for three years after final disposal.

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

Name	Role	Email

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Lori Jordan	Authorizing Official, Point of Contact	ljordan@hawaiicarechoices.org
Lori Jordan	Program Director	ljordan@hawaiicarechoices.org

Note: NoA emailed to these address(es)

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All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

**NOTICE OF FEDERAL INTEREST**

On 9/12/2024, the Department of Health and Human Services, Health Resources & Services Administration awarded Grant No. 1 CE1HS53777-01-00 to Hospice of Hilo. The grant provides Federal funds for equipment and installation of a sustainable air conditioning and HVAC system, which is located on the property described below in Hawaii County, State of Hawaii:

590 Kapiolani Street  
Hilo, Hawaii  
Lot 4-A 3.500 AC  
Parcel No. 240011790000

The Notice of Award for this grant includes conditions on use of the aforementioned property and provides for a continuing Federal interest in the property. Specifically, the property may not be (1) used for any purpose inconsistent with the statute and any program regulations governing the award under which the property was acquired; (2) mortgaged or otherwise used as collateral without the written permission of the Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee; or (3) sold or transferred to another party without the written permission of Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee. These conditions are in accordance with the statutory provisions set forth in the Further Consolidated Appropriations Act, 2024 (P.L. 118-47) and Title 45 CFR part 74 or 92 (as appropriate), the HHS Grants Policy Statement, and other terms and conditions of award.

These grant conditions and requirements cannot be nullified or voided through a transfer of ownership. Therefore, advance notice of any proposed change in usage or ownership must be provided to the Health Resources and Services Administration (HRSA), Office of Federal Assistance Management (OFAM).

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*\* Description should include specificity to determine if the Federal Interest applies to the land, building, or part thereof. Street or campus address should be included whenever possible*