

## OIG Financial Progress Report

**Program Name:** Coronavirus Relief Fund

**Grantee Name:** HONOLULU, CITY & COUNTY OF

**Report Name:** OIG Financial Progress Report

**Report Period:** 10/01/2020 to 12/31/2020

**Report Status:** Submitted

### Report Sections

1. *Prime*
2. *Projects*
3. *Sub-Recipient Organizations*
4. *Contracts >=\$50,000*
5. *Grants >=\$50,000*
6. *Loans >=\$50,000*
7. *Transfers >=\$50,000*
8. *Direct >=\$50,000*
9. *Aggregate Awards of <\$50,000*
10. *Aggregate Payments to Individuals*
11. *Totals*

**Prime**

U.S. DEPARTMENT OF THE TREASURY <b>Office of Inspector General (OIG)</b> <b>Pandemic Response Accountability Committee (PRAC)</b>		
<b>Financial Progress Report (FPR)</b> <b>Prime</b>		
1	DUNS Number*	077701647
2	Legal Entity Name *	HONOLULU, CITY & COUNTY OF
3	Address Line 1 *	530 S KING ST STE 300
4	Address Line 2	
5	Address Line 3	
6	City Name *	HONOLULU
7	State Code *	HI
8	Zip+4 *	96813-3019
11	Country Name *	United States
10	Country Code *	USA
9	Congressional District *	01
12	Recipient Type*	Special District Government, Special District Government, County Government, City or Township Government
13	CFDA Number *	21.019
14	Total Coronavirus Relief Funds Received*	\$387,176,021.20
15	Point of Contact Name *	Gary Kurokawa
16	Point of Contact Title *	Chief of Staff
17	Point of Contact Email *	gkurokawa@honolulu.gov
18	Point of Contact Phone *	(808) 768-5225

## Projects

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)			
Financial Progress Report(FPR) Projects			
19 A	19 B	19 C	19 D
Project Name*	Project Identification Number*	Description*	Status*
Small Business Assistance - Small Business Relief Program	CCHNL20-001	Grants provided to eligible Oahu-based small businesses to be used for expenses incurred after March 20, 2020 such as rent, utilities, payroll, and other capital expenses provided the applicant has receipts for those expenditures.	Fully completed
Small Business Assistance - Fish to Dish program	CCHNL20-002	To support Hawaii-based long line fishing vessels by providing locally sourced fish to feed Oahu kupuna, families and others in need of food assistance.	Fully completed
Food Assistance	CCHNL20-003	Food drives and distributions conducted by the City with non profit agencies to provide food to those impacted by the pandemic.	Fully completed
Housing Assistance	CCHNL20-004	Housing Subsidy - Rapid Rehousing, Housing Units - Master lease of units	Completed 50% or more
Improving Telework Capabilities of the City	CCHNL20-005	Equipment and software needed to enable city employees to work and conduct meetings remotely	Fully completed
Providing PPE for Frontliners (HPD, HFD, ESD)	CCHNL20-006	Personal protective equipment and supplies provided to the Honolulu Police, Fire and Emergency Services departments.	Fully completed
Providing PPE for City Employees other than Frontliners	CCHNL20-007	Personal protective equipment and supplies provided to city employees other than the Honolulu Police, Fire and Emergency Services departments.	Fully completed
Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	CCHNL20-008	PPE, sanitation equipment and supplies for The Bus and Handivan	Completed 50% or more
Providing Covid-19 Testing and Contact Tracing Services	CCHNL20-009	Research, testing and contact tracing for Covid 19	Completed 50% or more
Providing Equipment to allow for Social Distancing	CCHNL20-010	Equipment and supplies to ensure social distancing measures are implemented	Fully completed
Leasing office space/properties to allow for Social Distancing	CCHNL20-011	Lease and rent of office space or properties to ensure social distancing measures are implemented.	Fully completed
Shelter for pets of owners exposed to Covid-19	CCHNL20-012	Shelter for pets of owners who have Covid 19 or need to quarantine.	Not started
Communication/enforcement of public health orders	CCHNL20-013	Advertising, print media and programs to promote public health orders of the City	Fully completed
Group Supplies for Parks Programs to prevent cross contamination	CCHNL20-014	Various supplies for individual groups so items are not shared to prevent cross contamination	Fully completed
Economic Support for Vulnerable Populations	CCHNL20-015	COVID Property Aquisition/Lease, COVID Operations of Facilities, Hardship Relief Program - Individuals, Service Provider Funding	Completed 50% or more
Hygiene Assistance for Vulnerable Populations	CCHNL20-016	COVID Healthcare - FQHC	Fully completed
CARES Program Management & Support Services	CCHNL20-017	COVID Administration	Completed 50% or more
COVID Response Equipment	CCHNL20-018	Equipment needed when responding to Covid related cases	Fully completed
Provisional Outdoor Screening and Triage (POST)	CCHNL20-019	POST is an extension of the Homeless Outreach and Navigation for Unsheltered Persons (HONU) program. This program provides access to social services and provides temporary shelter for homeless individuals who are transitioning into a more permanent living arrangements.	Fully completed

Disinfection Services and equipment	CCHNL20-020	Equipment and services to disinfect areas with a Covid cases	Completed 50% or more
Providing emergency response for enforcement, security or other activity	CCHNL20-021	Expenses related to the operations center and responses teams	Completed 50% or more
Providing non-emergency assistance with Covid-19 related activities	CCHNL20-022	Expenses related to non-emergency assistance such as Police Service Officers (PSO)	Fully completed
Equipment to prevent cross contamination	CCHNL20-023	Additional equipment and supplies purchased to prevent cross contamination.	Fully completed
Hawaii Community Foundation (HCG) Omnibus Fund	CCHNL20-024	HCF Omnibus Fund for programs and services to vulnerable populations	Completed 50% or more
Disaster Refuge Area Assessment Due to COVID-19	CCHNL20-025	Identifying the Best Available Refuge Areas in the City and County of Honolulu to provide life safety, life sustaining and workforce protection during a complex, co-disaster event (e.g. hurricane, tsunami, wildfire, etc.) in the face of the COVID-19 Pandemic operational environment.	Fully completed
Transportation Services	CCHNL20-026	To provide a transportation services for known and suspected COVID-19 clients to a designated quarantine site to combat the spread of COVID-19.	Fully completed
Hale Mauiola Portable Hygiene	CCHNL20-027	To operate and service portable shower trailers at Hale Mauiola Project. The additional showers and toilets will allow the shelter to comply with enhanced sanitation and hygiene measures under the Governor's Proclamation due to the COVID-19 pandemic.	Completed 50% or more
Healthy and Resilient Building initiative	CCHNL20-028	To provide funding to conduct public health and energy assessments and install remediation measures targeted to sectors deeply impacted by the coronavirus pandemic and the consequent collapse in local economic activity and tourism. A primary objective of the Initiative is to provide immediate relief to small businesses from the coronavirus pandemic and enable a healthy and safe restart to retain and expand jobs to keep our economy going.	Completed 50% or more

## Sub-Recipient Organizations

<b>U.S. DEPARTMENT OF THE TREASURY</b> <b>Office of Inspector General (OIG)</b> <b>Pandemic Response Accountability Committee (PRAC)</b>			
<b>Financial Progress Report(FPR)</b> <b>Sub-Recipient Organizations</b>			
DUNS/Identification Number	Name	Status	
031106625	ALOHA HARVEST	Saved -- Validated	<a href="#">Go to Sub Screen</a>
077665511	ALOHA UNITED WAY, INC.	Saved -- Validated	<a href="#">Go to Sub Screen</a>
103901799	HAWAII FOODBANK, INC.	Saved -- Validated	<a href="#">Go to Sub Screen</a>
113020999	COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT	Saved -- Validated	<a href="#">Go to Sub Screen</a>
039302104	HELPING HANDS HAWAII	Saved -- Validated	<a href="#">Go to Sub Screen</a>
113232144	MENTAL HEALTH KOKUA	Saved -- Validated	<a href="#">Go to Sub Screen</a>
799066589	HAWAII PUBLIC HEALTH INSTITUTE	Saved -- Validated	<a href="#">Go to Sub Screen</a>
002887222	RALPH S. INOUE CO., LTD.	Saved -- Validated	<a href="#">Go to Sub Screen</a>
928758564	USHIJIMA ARCHITECTS INC	Saved -- Validated	<a href="#">Go to Sub Screen</a>
055990261	CDM SMITH INC.	Saved -- Validated	<a href="#">Go to Sub Screen</a>
604703181	SODERHOLM SALES AND LEASING, INC.	Saved -- Validated	<a href="#">Go to Sub Screen</a>
963191072	HAWAII UNIFIED INDUSTRIES, LLC	Saved -- Validated	<a href="#">Go to Sub Screen</a>
104672	H2O Systems, LLC	Saved -- Validated	<a href="#">Go to Sub Screen</a>
131992450	PACIFIC ISLE INDUSTRIAL SUPPLY, LLC	Saved -- Validated	<a href="#">Go to Sub Screen</a>
187502109	STRYKER CORPORATION	Saved -- Validated	<a href="#">Go to Sub Screen</a>
069836013	RAINBOW CHEVROLET, INC.	Saved -- Validated	<a href="#">Go to Sub Screen</a>
939260910	EMSS, INC.	Saved -- Validated	<a href="#">Go to Sub Screen</a>
614948396	WORLD WIDE TECHNOLOGY, LLC	Saved -- Validated	<a href="#">Go to Sub Screen</a>
047957386	FISHER SCIENTIFIC COMPANY L.L.C.	Saved -- Validated	<a href="#">Go to Sub Screen</a>
626824564	MORRO TORO CORPORATION	Saved -- Validated	<a href="#">Go to Sub Screen</a>
182003962	HARMER RADIO AND ELECTRONICS, INC.	Saved -- Validated	<a href="#">Go to Sub Screen</a>
077664142	KALIHI PALAMA HEALTH CENTER	Saved -- Validated	<a href="#">Go to Sub Screen</a>
021093568	WAHIAWA CENTER FOR COMMUNITY HEALTH, THE	Saved -- Validated	<a href="#">Go to Sub Screen</a>
612593231	L.N. CURTIS AND SONS	Saved -- Validated	<a href="#">Go to Sub Screen</a>
091802108	ABLE DISTRIBUTORS INC	Saved -- Validated	<a href="#">Go to Sub Screen</a>

DUNS/Identification Number	Name	Status	
151474392	BRAUN NORTHWEST, INC.	Saved -- Validated	Go to Sub Screen
069075947	SURFACIDE, LLC	Saved -- Validated	Go to Sub Screen
134829642	CATALYST COMMUNICATIONS TECHNOLOGIES, INC.	Saved -- Validated	Go to Sub Screen
031833811	NEX-XOS WORLDWIDE LLC	Saved -- Validated	Go to Sub Screen
010551315	DAILEY AND WELLS COMMUNICATIONS, INC.	Saved -- Validated	Go to Sub Screen
141880034	FIRST LINE TECHNOLOGY, LLC	Saved -- Validated	Go to Sub Screen
804178361	ATKINS NORTH AMERICA, INC.	Saved -- Validated	Go to Sub Screen
005103494	W. W. GRAINGER, INC.	Saved -- Validated	Go to Sub Screen
849905674	WAIMANALO HEALTH CENTER	Saved -- Validated	Go to Sub Screen
066282120	CUTTER FORD, INC.	Saved -- Validated	Go to Sub Screen
070556204	BOUND TREE MEDICAL, LLC	Saved -- Validated	Go to Sub Screen
054315825	CMI, INC.	Saved -- Validated	Go to Sub Screen
072511389	WAIANAE DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD, INCORPORATED	Saved -- Validated	Go to Sub Screen
144535598	DIAGNOSTIC LABORATORY SERVICES, INC.	Saved -- Validated	Go to Sub Screen
031428527	TERRA UNIVERSAL, INC.	Saved -- Validated	Go to Sub Screen
033180308	CYCLE CITY LTD	Saved -- Validated	Go to Sub Screen
080359957	AIR SHELTERS USA LLC	Saved -- Validated	Go to Sub Screen
033170648	INTER PACIFIC MOTORS, INC.	Saved -- Validated	Go to Sub Screen
006253124	TSL, INCORPORATED	Saved -- Validated	Go to Sub Screen
097689996	G P ROADWAY SOLUTIONS, INC.	Saved -- Validated	Go to Sub Screen
006927099	SERVCO PACIFIC INC.	Saved -- Validated	Go to Sub Screen
033214826	JN GROUP, INC	Saved -- Validated	Go to Sub Screen
079670874	LAFAVE, DAVID J	Saved -- Validated	Go to Sub Screen
005094842	W. S. DARLEY & CO.	Saved -- Validated	Go to Sub Screen
053579236	RICOCHE MANUFACTURING CORPORATION	Saved -- Validated	Go to Sub Screen
VS0017707	Aqua03, LLC	Saved -- Validated	Go to Sub Screen
VS0000017	Yun Xiaoq Zhang	Saved -- Validated	Go to Sub Screen
49410	Kokua Kalihi Valley (Comprehensive Family Services)	Saved -- Validated	Go to Sub Screen
109881003	WAIKIKI HEALTH	Saved -- Validated	Go to Sub Screen
94063	Koolauloa Community Health and Wellness Center, Inc.	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
105105	CLINICAL LABORATORIES OF HAWAII LLP	Saved -- Validated	Go to Sub Screen
077701282	HAWAIIAN HUMANE SOCIETY	Saved -- Validated	Go to Sub Screen
965088057	UNIVERSITY OF HAWAII SYSTEMS	Saved -- Validated	Go to Sub Screen
37450	Aloha Pacific Federal Union	Saved -- Validated	Go to Sub Screen
33076	Hawaii State Federal Credit Union	Saved -- Validated	Go to Sub Screen
111020	Hawaii USA Federal Credit Union	Saved -- Validated	Go to Sub Screen
VS17652	Honolulu Federal Credit Union	Saved -- Validated	Go to Sub Screen
084548569	PWC HAWAII CORPORATION	Saved -- Validated	Go to Sub Screen
VS0017483	Hybrid Design LLC	Saved -- Validated	Go to Sub Screen
117483871	KOLOB ARCH CAPITAL LLC	Saved -- Validated	Go to Sub Screen
117501687	BE WELL HAWAII OHANA, LLC	Saved -- Validated	Go to Sub Screen
VS9938	J. Kadowaki, Inc.	Saved -- Validated	Go to Sub Screen
VC0011978	T & L Hawaiian Wear, Inc	Saved -- Validated	Go to Sub Screen
82954	GP Roadway Solutions	Saved -- Validated	Go to Sub Screen
107429	Orchid Isle Auto Center	Saved -- Validated	Go to Sub Screen
VS0017660	Mobile Solar	Saved -- Validated	Go to Sub Screen
VS0017034	Zumro by Air Shelters USA, LLC	Saved -- Validated	Go to Sub Screen
VC0006728	Armstrong Building Maintenance & Supply Inc. of Hawaii	Saved -- Validated	Go to Sub Screen
18727	Curtis Blue Line	Saved -- Validated	Go to Sub Screen
VC0005597	Harmer Radio and Electronics, Inc.	Saved -- Validated	Go to Sub Screen
VS0017843	Williams Boot & Glove Dryers Inc.	Saved -- Validated	Go to Sub Screen
VS0017851	CleanSlate Technologies Incorporated	Saved -- Validated	Go to Sub Screen
156853269	WALTZ ENGINEERING, INC.	Saved -- Validated	Go to Sub Screen
VS0012719	Jill Sachie Minami Omori	Saved -- Validated	Go to Sub Screen
021592998	APPLIED COMPUTER TRAINING & TECHNOLOGY, INC	Saved -- Validated	Go to Sub Screen
879265247	HAWAII COMMUNITY REINVESTMENT CORPORATION	Saved -- Validated	Go to Sub Screen
827968483	INSIGHT PUBLIC SECTOR, INC.	Saved -- Validated	Go to Sub Screen
VS17771	Hawaii Community Foundation	Saved -- Validated	Go to Sub Screen
VS18002	HCI 415 Nahua Owner LP	Saved -- Validated	Go to Sub Screen
VS12568	Anthology Marketing Group, Inc.	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
361477024	HAWAII LONGLINE ASSOCIATION	Saved -- Validated	Go to Sub Screen
828648712	HAWAII SEAFOOD COUNCIL	Saved -- Validated	Go to Sub Screen
VS0000459	Safepro Inc.	Saved -- Validated	Go to Sub Screen
VS0017892	DB Oregon Group LLC	Saved -- Validated	Go to Sub Screen
VS0011642	Gordon Truck Centers, Inc.	Saved -- Validated	Go to Sub Screen
VS0017978	911 Rapid Response LLC	Saved -- Validated	Go to Sub Screen
09194	Video Warehouse Inc.	Saved -- Validated	Go to Sub Screen
VS0017934	Fusus	Saved -- Validated	Go to Sub Screen
VS0003323	HAWAII SPECIALTY VEHICLES LLC	Saved -- Validated	Go to Sub Screen
VS0008568	Montgomery Powersports Limited	Saved -- Validated	Go to Sub Screen
080961025	TI TRAINING LE, LLC	Saved -- Validated	Go to Sub Screen
VS0018027	Cetrix Technologies LLC	Saved -- Validated	Go to Sub Screen
72043	Premium Inc.	Saved -- Validated	Go to Sub Screen
62555	NEXT DESIGN LLC	Saved -- Validated	Go to Sub Screen
93276	Von Kenric Kaneshiro	Saved -- Validated	Go to Sub Screen
827977435	OPERATIVE EXPERIENCE, INC.	Saved -- Validated	Go to Sub Screen
078383282	FLIR COMMERCIAL SYSTEMS, INC.	Saved -- Validated	Go to Sub Screen
VS0018003	Boston Dynamics, Inc.	Saved -- Validated	Go to Sub Screen
081114243	LITHIA OF HONOLULU-F, LLC	Saved -- Validated	Go to Sub Screen
078580975	SAFETY SYSTEMS AND SIGNS HAWAII, INC.	Saved -- Validated	Go to Sub Screen
602785792	ADVANTAGE AUTO LEASING, INC.	Saved -- Validated	Go to Sub Screen
VS0018046	Engineering Dynamics Corp.	Saved -- Validated	Go to Sub Screen
VS18077	Hokondo Management Corporation	Saved -- Validated	Go to Sub Screen
VS16825	NS Management, LLC	Saved -- Validated	Go to Sub Screen
VS2206	Hawaiian Financial Federal Credit Union	Saved -- Validated	Go to Sub Screen
VS8468	OmniTrak Research & Marketing Group Inc. and Subsidiaries	Saved -- Validated	Go to Sub Screen
183626803	SMS RESEARCH & MARKETING SERVICES INC	Saved -- Validated	Go to Sub Screen
81312	STAR PROTECTION AGENCY LLC	Saved -- Validated	Go to Sub Screen
965588424	INTERNATIONAL BUSINESS MACHINES CORPORATION	Saved -- Validated	Go to Sub Screen
026157235	CDW GOVERNMENT LLC	Saved -- Validated	Go to Sub Screen



DUNS/Identification Number	Name	Status	
VS18111	Hawaii Investment Ready	Saved -- Validated	Go to Sub Screen
VS11384	National Kidney Foundation of Hawaii	Saved -- Validated	Go to Sub Screen
968392134	HAWAII PRIMARY CARE ASSOCIATION	Saved -- Validated	Go to Sub Screen
033188103	HONBLUE, INC.	Saved -- Validated	Go to Sub Screen
130198454	HAWAII MASK LLC	Saved -- Validated	Go to Sub Screen
960342327	FASTENAL COMPANY	Saved -- Validated	Go to Sub Screen
001325463	MOTOROLA SOLUTIONS, INC.	Saved -- Validated	Go to Sub Screen
960912467	IHS, THE INSTITUTE FOR HUMAN SERVICES, INC	Saved -- Validated	Go to Sub Screen
117183584	MOUNTAIN CONTAINER TRADING INC	Saved -- Validated	Go to Sub Screen
824923106	AIRGAS USA, LLC	Saved -- Validated	Go to Sub Screen
173503806	ABATEMENT TECHNOLOGIES, INC.	Saved -- Validated	Go to Sub Screen
104520	ALII Security Systems, Inc.	Saved -- Validated	Go to Sub Screen
113219307	VIP SANITATION, INC.	Saved -- Validated	Go to Sub Screen
117134710	2586 KALAKAUA OWNER LP	Saved -- Validated	Go to Sub Screen
VS0663	Robert's Tours & Transportation, Inc.	Saved -- Validated	Go to Sub Screen
139127836	OAHU ECONOMIC DEVELOPMENT BOARD	Saved -- Validated	Go to Sub Screen
VS18010	Fernweh Technology, LLC	Saved -- Validated	Go to Sub Screen
VS18180	Hawaii Hospital Education and Research Foundation	Saved -- Validated	Go to Sub Screen
825068047	KUPU	Saved -- Validated	Go to Sub Screen
956706832	JUDICIARY COURTS OF THE STATE OF HAWAII	Saved -- Validated	Go to Sub Screen
108422	HAWAII NISSAN, INC.	Saved -- Validated	Go to Sub Screen
VS0000018	Hawaii HOME Project	Saved -- Validated	Go to Sub Screen
004961140	ARAMSCO, INC.	Saved -- Validated	Go to Sub Screen
171821486	AED INSTITUTE OF AMERICA INC	Saved -- Validated	Go to Sub Screen
968904698	CELLCO PARTNERSHIP	Saved -- Validated	Go to Sub Screen
VS17761	Mobility Capital Finance, Inc.	Saved -- Validated	Go to Sub Screen
VS17946	United Fishing Agency, Ltd.	Saved -- Validated	Go to Sub Screen
VS18285	Malama Meals United	Saved -- Validated	Go to Sub Screen
012430880	HENRY SCHEIN, INC.	Saved -- Validated	Go to Sub Screen
VS0018269	Emergency Medical Supply LLC	Saved -- Validated	Go to Sub Screen



**Contracts >=\$50,000**

<b>U.S. DEPARTMENT OF THE TREASURY</b> <b>Office of Inspector General (OIG)</b> <b>Pandemic Response Accountability Committee (PRAC)</b>
<b>Financial Progress Report (FPR))</b> <b>Contract &gt;= \$50,000</b>

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	Go to Sub Screen
031106625	ALOHA HARVEST	SP-DCS-2003770	\$60,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
077665511	ALOHA UNITED WAY, INC.	PO-DCS-2000277	\$8,000,000.00	\$2,529,551.70	Purchase Order	Saved -- Validated	Go to Sub Screen
103901799	HAWAII FOODBANK, INC.	PO-DCS-2000272	\$1,225,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
113020999	COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT	PO-DCS-2000275	\$16,500,000.00	\$11,632,786.91	Purchase Order	Saved -- Validated	Go to Sub Screen
039302104	HELPING HANDS HAWAII	PO-DCS-2000332	\$500,000.00	\$236,010.03	Purchase Order	Saved -- Validated	Go to Sub Screen
113232144	MENTAL HEALTH KOKUA	PO-DCS-2000330	\$200,000.00	\$68,610.33	Purchase Order	Saved -- Validated	Go to Sub Screen
799066589	HAWAII PUBLIC HEALTH INSTITUTE	PO-DCS-2000344	\$3,000,000.00	\$1,757,806.26	Purchase Order	Saved -- Validated	Go to Sub Screen
002887222	RALPH S. INOUE CO., LTD.	PO#225163 (Job NO. 20-049D)	\$338,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
055990261	CDM SMITH INC.	C20547203	\$3,000,000.00	\$9,882.72	Definitive Contract	Saved -- Validated	Go to Sub Screen
928758564	USHLJIMA ARCHITECTS INC	C190060009	\$59,143.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
604703181	SODERHOLM SALES AND LEASING, INC.	PO-DTS-2000257	\$3,989,061.00	\$3,989,061.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017707	Aqua03, LLC	SP-DPR-2004330	\$70,233.24	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
131992450	PACIFIC ISLE INDUSTRIAL SUPPLY, LLC	PO-HFD-2000252	\$127,329.79	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
053579236	RICOCHET MANUFACTURING CORPORATION	DO-HFD-2002309	\$219,000.00	\$146,600.00	Purchase Order	Saved -- Validated	Go to Sub Screen
131992450	PACIFIC ISLE INDUSTRIAL SUPPLY, LLC	PO-HFD-2000221	\$117,814.08	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
091802108	ABLE DISTRIBUTORS INC	SP-HFD-2003296	\$96,951.58	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
005094842	W. S. DARLEY & CO.	SP-HFD-2003808	\$70,476.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
131992450	PACIFIC ISLE INDUSTRIAL SUPPLY, LLC	PO-HFD-2000314	\$147,643.92	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
612593231	L.N. CURTIS AND SONS	SP-HFD-2004550	\$82,094.22	\$71,832.44	Purchase Order	Saved -- Validated	Go to Sub Screen
187502109	STRYKER CORPORATION	PO-ESD-2000253	\$991,118.94	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
187502109	STRYKER CORPORATION	PO-ESD-2000255	\$1,238,075.29	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
033214826	JN GROUP, INC	PO-ESD-2000258	\$205,197.32	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
006927099	SERVCO PACIFIC INC.	PO-ESD-2000259	\$192,909.29	\$192,909.29	Purchase Order	Saved -- Validated	Go to Sub Screen
006253124	TSI, INCORPORATED	PO-ESD-2000290	\$159,937.11	\$159,937.11	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0000017	Yun Xiaoq Zhang	PO-ESD-2000292	\$280,650.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
182003962	HARMER RADIO AND ELECTRONICS, INC.	PO-ESD-2000310	\$114,921.40	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
077664142	KALIHI PALAMA HEALTH CENTER	PO-ESD-2000297	\$248,571.00	\$25,600.00	Purchase Order	Saved -- Validated	Go to Sub Screen
49410	Kokua Kalihi Valley (Comprehensive Family Services)	PO-ESD-2000298	\$448,571.00	\$139,871.00	Purchase Order	Saved -- Validated	Go to Sub Screen
109881003	WAIKIKI HEALTH	PO-ESD-2000299	\$119,100.00	\$8,600.00	Purchase Order	Saved -- Validated	Go to Sub Screen
021093568	WAIHAWA CENTER FOR COMMUNITY HEALTH, THE	PO-ESD-2000300	\$298,571.00	\$150,200.00	Purchase Order	Saved -- Validated	Go to Sub Screen
849905674	WAIMANALO HEALTH CENTER	PO-ESD-2000301	\$248,571.00	\$40,700.00	Purchase Order	Saved -- Validated	Go to Sub Screen
072511389	WAIANA E DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD, INCORPORATED	PO-ESD-2000302	\$848,571.00	\$381,100.00	Purchase Order	Saved -- Validated	Go to Sub Screen
94063	Koolauloa Community Health and Wellness Center, Inc.	PO-ESD-2000303	\$248,571.00	\$155,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
144535598	DIAGNOSTIC LABORATORY SERVICES, INC.	PO-ESD-2000317	\$200,000.00	\$65,920.00	Purchase Order	Saved -- Validated	Go to Sub Screen
105105	CLINICAL LABORATORIES OF HAWAII LLP	PO-ESD-2000318	\$400,000.00	\$108,332.63	Purchase Order	Saved -- Validated	Go to Sub Screen
033180308	CYCLE CITY LTD	PO-ESD-2000223	\$120,054.35	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
091802108	ABLE DISTRIBUTORS INC	SP-ESD-2003659	\$57,134.22	\$39,279.57	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0000017	Yun Xiaoq Zhang	PO-ESD-2000345	\$149,349.60	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
614948396	WORLD WIDE TECHNOLOGY, LLC	PO-DIT-2000263	\$113,324.56	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
939260910	EMSS, INC.	PO-BFS-	\$58,287.58	\$0.00	Purchase	Saved --	Go to

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
		2000281			Order	Validated	Sub Screen
965088057	UNIVERSITY OF HAWAII SYSTEMS	CT-MAY-2000282	\$3,798,204.00	\$879,768.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
37450	Aloha Pacific Federal Union	PO-MAY-2000266	\$45,525,000.00	\$27,095,727.05	Purchase Order	Saved -- Validated	Go to Sub Screen
33076	Hawaii State Federal Credit Union	PO-MAY-2000269	\$9,789,836.42	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
111020	Hawaii USA Federal Credit Union	PO-MAY-2000270	\$48,447,663.58	\$31,778,168.87	Purchase Order	Saved -- Validated	Go to Sub Screen
VS17652	Honolulu Federal Credit Union	PO-MAY-2000271	\$45,525,000.00	\$30,277,755.70	Purchase Order	Saved -- Validated	Go to Sub Screen
084548569	PWC HAWAII CORPORATION	PO-MAY-2000347	\$500,000.00	\$286,190.56	Purchase Order	Saved -- Validated	Go to Sub Screen
117483871	KOLOB ARCH CAPITAL LLC	PO-ESD-2000238	\$325,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017483	Hybrid Design LLC	SP-ESD-2003456	\$99,917.24	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0000017	Yun Xiaoq Zhang	PO-ESD_2000251	\$100,252.86	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0000017	Yun Xiaoq Zhang	SP-ESD-2003879	\$60,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
077701282	HAWAIIAN HUMANE SOCIETY	PO-CSD-2000249	\$118,980.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS9938	J. Kadowaki, Inc.	SP-CSD-2004356	\$51,752.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
069836013	RAINBOW CHEVROLET, INC.	PO-HPD-2000273	\$623,576.00	\$623,576.00	Purchase Order	Saved -- Validated	Go to Sub Screen
614948396	WORLD WIDE TECHNOLOGY, LLC	PO-HPD-2000267	\$339,325.28	\$14,618.13	Purchase Order	Saved -- Validated	Go to Sub Screen
82954	GP Roadway Solutions	PO-HPD-2000280	\$169,150.17	\$169,150.17	Purchase Order	Saved -- Validated	Go to Sub Screen
107429	Orchid Isle Auto Center	PO-HPD-2000304	\$322,852.22	\$322,852.22	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017660	Mobile Solar	PO-HPD-2000306	\$141,058.54	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017034	Zumro by Air Shelters USA, LLC	PO-HPD-2000307	\$829,200.84	\$829,200.84	Purchase Order	Saved -- Validated	Go to Sub Screen
031428527	TERRA UNIVERSAL, INC.	PO-HPD-2000315	\$197,307.34	\$197,307.34	Purchase Order	Saved -- Validated	Go to Sub Screen
VC0006728	Armstrong Building Maintenance & Supply Inc. of Hawaii	SP-HPD-2004339	\$73,145.21	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
18727	Curtis Blue Line	PO-HPD-2000324	\$813,445.96	\$811,351.72	Purchase Order	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
054315825	CMI, INC.	SP-HPD-2004744	\$75,836.18	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VC0011978	T & L Hawaiian Wear, Inc	PO-BFS-2000235	\$81,675.36	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
117501687	BE WELL HAWAII OHANA, LLC	SP-ESD-2003793	\$57,445.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
804178361	ATKINS NORTH AMERICA, INC.	PO-DEM-2100003	\$1,463,383.61	\$463,399.21	Purchase Order	Saved -- Validated	Go to Sub Screen
005103494	W. W. GRAINGER, INC.	DO-ESD-2100082	\$66,848.14	\$28,146.58	Delivery Order	Saved -- Validated	Go to Sub Screen
VS0012719	Jill Sachie Minami Omori	DO-ESD-2100418	\$56,000.00	\$28,000.00	Delivery Order	Saved -- Validated	Go to Sub Screen
151474392	BRAUN NORTHWEST, INC.	PO-ESD-2100045	\$565,111.82	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
187502109	STRYKER CORPORATION	PO-ESD-2100054	\$1,133,184.93	\$1,133,184.93	Purchase Order	Saved -- Validated	Go to Sub Screen
151474392	BRAUN NORTHWEST, INC.	PO-ESD-2100080	\$381,377.86	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
070556204	BOUND TREE MEDICAL, LLC	PO-ESD-2100084	\$232,500.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
066282120	CUTTER FORD, INC.	PO-HFD-210001	\$405,062.12	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
182003962	HARMER RADIO AND ELECTRONICS, INC.	PO-HFD-210034	\$282,198.84	\$282,198.84	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017843	Williams Boot & Glove Dryers Inc.	PO-HFD-2100057	\$154,500.00	\$154,500.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017851	CleanSlate Technologies Incorporated	PO-HFD-2100062	\$318,979.31	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
156853269	WALTZ ENGINEERING, INC.	PO-HFD-2100064	\$575,250.00	\$575,250.00	Purchase Order	Saved -- Validated	Go to Sub Screen
031106625	ALOHA HARVEST	PO-DCS-2100081	\$1,000,000.00	\$645,520.00	Purchase Order	Saved -- Validated	Go to Sub Screen
963191072	HAWAII UNIFIED INDUSTRIES, LLC	PO-DTS-2100042	\$0.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
104672	H2O Systems, LLC	PO-DTS-2000222	\$3,494,570.45	\$2,348,688.00	Purchase Order	Saved -- Validated	Go to Sub Screen
827968483	INSIGHT PUBLIC SECTOR, INC.	DO-DIT-2100380	\$682,030.64	\$682,030.64	Delivery Order	Saved -- Validated	Go to Sub Screen
614948396	WORLD WIDE TECHNOLOGY, LLC	DO-DIT-2100404	\$516,660.64	\$0.00	Delivery Order	Saved -- Validated	Go to Sub Screen
VS17771	Hawaii Community Foundation	PO-DCS-2000334	\$37,600,000.00	\$26,133,042.62	Purchase Order	Saved -- Validated	Go to Sub Screen
VS18002	HCI 415 Nahua Owner LP	PO-DLM-2100083	\$1,683,282.05	\$1,303,914.05	Purchase Order	Saved -- Validated	Go to Sub

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	Screen
							Screen
VS12568	<b>Anthology Marketing Group, Inc.</b>	PO-MAY-2100006	\$3,269,000.00	\$1,751,994.05	Purchase Order	Saved -- Validated	Go to Sub Screen
361477024	<b>HAWAII LONGLINE ASSOCIATION</b>	PO-MAY-2100047	\$1,585,000.00	\$420,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
828648712	<b>HAWAII SEAFOOD COUNCIL</b>	PO-MAY-2100048	\$660,000.00	\$466,347.03	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0000459	<b>Safepro Inc.</b>	PO-HPD-2100014	\$123,718.50	\$48,456.00	Purchase Order	Saved -- Validated	Go to Sub Screen
010551315	<b>DAILEY AND WELLS COMMUNICATIONS, INC.</b>	PO-HPD-2100024	\$533,400.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
134829642	<b>CATALYST COMMUNICATIONS TECHNOLOGIES, INC.</b>	PO-HPD-2100025	\$235,614.00	\$235,614.00	Purchase Order	Saved -- Validated	Go to Sub Screen
069075947	<b>SURFACIDE, LLC</b>	PO-HPD-2100026	\$1,093,111.60	\$1,093,111.60	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017892	<b>DB Oregon Group LLC</b>	PO-HPD-2100033	\$140,959.00	\$140,959.00	Purchase Order	Saved -- Validated	Go to Sub Screen
141880034	<b>FIRST LINE TECHNOLOGY, LLC</b>	PO-HPD-2100040	\$156,138.16	\$156,138.16	Purchase Order	Saved -- Validated	Go to Sub Screen
069836013	<b>RAINBOW CHEVROLET, INC.</b>	PO-HPD-2100050	\$379,470.00	\$303,576.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0011642	<b>Gordon Truck Centers, Inc.</b>	PO-HPD-2100055	\$120,279.00	\$120,279.00	Purchase Order	Saved -- Validated	Go to Sub Screen
069836013	<b>RAINBOW CHEVROLET, INC.</b>	PO-HPD-2100060	\$146,161.33	\$146,161.33	Purchase Order	Saved -- Validated	Go to Sub Screen
069836013	<b>RAINBOW CHEVROLET, INC.</b>	PO-HPD-2100061	\$160,341.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017978	<b>911 Rapid Response LLC</b>	PO-HPD-2100063	\$275,300.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
09194	<b>Video Warehouse Inc.</b>	PO-HPD-2100065	\$625,020.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017934	<b>Fusus</b>	PO-HPD-2100066	\$135,000.00	\$135,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
612593231	<b>L.N. CURTIS AND SONS</b>	PO-HPD-2100067	\$114,398.91	\$114,398.91	Purchase Order	Saved -- Validated	Go to Sub Screen
033180308	<b>CYCLE CITY LTD</b>	PO-HPD-2100077	\$625,949.48	\$625,949.48	Purchase Order	Saved -- Validated	Go to Sub Screen
070556204	<b>BOUND TREE MEDICAL, LLC</b>	SP-HPD-2100077	\$75,537.00	\$19,303.90	Purchase Order	Saved -- Validated	Go to Sub Screen
080961025	<b>TI TRAINING LE, LLC</b>	PO-HPD-2100092	\$118,102.64	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
031833811	<b>NEX-XOS WORLDWIDE LLC</b>	SP-HPD-2100382	\$69,289.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
VS0003323	HAWAII SPECIALTY VEHICLES LLC	SP-HPD-2100457	\$95,028.44	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0008568	Montgomery Powersports Limited	SP-HPD-2100473	\$95,547.75	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
047957386	FISHER SCIENTIFIC COMPANY L.L.C.	SP-HPD-2100497	\$61,280.64	\$61,280.64	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017707	Aqua03, LLC	SP-DPR-2100904	\$61,964.70	\$61,964.70	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017707	Aqua03, LLC	SP-DPR-2003543	\$73,133.46	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0000017	Yun Xiaoq Zhang	PO-ESD-2100110	\$180,000.00	\$180,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
614948396	WORLD WIDE TECHNOLOGY, LLC	PO-ESD-2100114	\$436,092.73	\$436,092.73	Purchase Order	Saved -- Validated	Go to Sub Screen
187502109	STRYKER CORPORATION	PO-ESD-2100115	\$739,841.59	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
010551315	DAILEY AND WELLS COMMUNICATIONS, INC.	PO-ESD-2100117	\$130,663.69	\$130,663.69	Purchase Order	Saved -- Validated	Go to Sub Screen
134829642	CATALYST COMMUNICATIONS TECHNOLOGIES, INC.	PO-ESD-2100116	\$1,163,721.00	\$465,488.00	Purchase Order	Saved -- Validated	Go to Sub Screen
070556204	BOUND TREE MEDICAL, LLC	SP-ESD-2100769	\$67,550.00	\$26,027.21	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0018027	Cetrix Technologies LLC	SP-ESD-2100790	\$60,525.00	\$60,525.00	Purchase Order	Saved -- Validated	Go to Sub Screen
72043	Premium Inc.	PO-ESD-2100099	\$116,113.96	\$116,113.96	Purchase Order	Saved -- Validated	Go to Sub Screen
62555	NEXT DESIGN LLC	PO-DDC-2100051	\$147,436.50	\$129,697.17	Purchase Order	Saved -- Validated	Go to Sub Screen
93276	Von Kenric Kaneshiro	PO-HFD-2100097	\$61,465.94	\$19,602.09	Purchase Order	Saved -- Validated	Go to Sub Screen
827977435	OPERATIVE EXPERIENCE, INC.	PO-HFD-2100100	\$301,500.00	\$301,500.00	Purchase Order	Saved -- Validated	Go to Sub Screen
005094842	W. S. DARLEY & CO.	SP-HFD-2100711	\$66,593.10	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0017851	CleanSlate Technologies Incorporated	SP-HFD-2100759	\$55,019.25	\$55,019.25	Purchase Order	Saved -- Validated	Go to Sub Screen
069836013	RAINBOW CHEVROLET, INC.	PO-HPD-2100090	\$307,192.16	\$307,192.16	Purchase Order	Saved -- Validated	Go to Sub Screen
078383282	FLIR COMMERCIAL SYSTEMS, INC.	PO-HPD-2100106	\$603,759.60	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0018003	Boston Dynamics, Inc.	PO-HPD-2100107	\$150,045.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
081114243	LITHIA OF HONOLULU-F, LLC	PO-HPD-2100108	\$181,455.00	\$181,455.00	Purchase Order	Saved -- Validated	Go to Sub



DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	Screen
							Screen
602785792	ADVANTAGE AUTO LEASING, INC.	SP-HPD-2100494	\$96,009.92	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
069836013	RAINBOW CHEVROLET, INC.	SP-HPD-2100829	\$51,947.00	\$51,947.00	Purchase Order	Saved -- Validated	Go to Sub Screen
626824564	MORRO TORO CORPORATION	SP-HPD-2100839	\$74,139.16	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0018046	Engineering Dynamics Corp.	SP-HPD-2100868	\$69,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
047957386	FISHER SCIENTIFIC COMPANY L.L.C.	SP-HPD-2100893	\$89,670.12	\$89,670.12	Purchase Order	Saved -- Validated	Go to Sub Screen
078580975	SAFETY SYSTEMS AND SIGNS HAWAII, INC.	SP-HPD-2100963	\$98,743.42	\$98,743.42	Purchase Order	Saved -- Validated	Go to Sub Screen
VS9938	J. Kadowaki, Inc.	PO-CSD-2100127	\$52,042.00	\$52,042.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS18077	Hokondo Management Corporation	CT-DCS-2100128	\$171,813.00	\$171,813.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
VS18077	Hokondo Management Corporation	CT-DCS-2100132	\$81,000.00	\$81,000.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
VS16825	NS Management, LLC	PO-DCS-2100129	\$85,186.75	\$62,499.99	Purchase Order	Saved -- Validated	Go to Sub Screen
VS2206	Hawaiian Financial Federal Credit Union	PO-MAY-2100093	\$32,812,500.00	\$18,466,363.39	Purchase Order	Saved -- Validated	Go to Sub Screen
VS8468	OmniTrak Research & Marketing Group Inc. and Subsidiaries	PO-MAY-2100123	\$619,954.00	\$210,233.72	Purchase Order	Saved -- Validated	Go to Sub Screen
183626803	SMS RESEARCH & MARKETING SERVICES INC	PO-MAY-2100136	\$250,000.00	\$75,062.69	Purchase Order	Saved -- Validated	Go to Sub Screen
965088057	UNIVERSITY OF HAWAII SYSTEMS	PO-MAY-2100027	\$75,000.00	\$62,100.00	Purchase Order	Saved -- Validated	Go to Sub Screen
81312	STAR PROTECTION AGENCY LLC	PO-BFS-2100146	\$233,717.19	\$138,219.85	Purchase Order	Saved -- Validated	Go to Sub Screen
965588424	INTERNATIONAL BUSINESS MACHINES CORPORATION	PO-DIT-2100109	\$1,928,009.00	\$1,433,479.01	Purchase Order	Saved -- Validated	Go to Sub Screen
614948396	WORLD WIDE TECHNOLOGY, LLC	DO-DIT-2100546	\$124,679.65	\$0.00	Delivery Order	Saved -- Validated	Go to Sub Screen
026157235	CDW GOVERNMENT LLC	DO-DIT-2100583	\$218,612.01	\$0.00	Delivery Order	Saved -- Validated	Go to Sub Screen
614948396	WORLD WIDE TECHNOLOGY, LLC	DO-DIT-2100775	\$57,779.67	\$57,779.67	Delivery Order	Saved -- Validated	Go to Sub Screen
965088057	UNIVERSITY OF HAWAII SYSTEMS	PO-DCS-2100149	\$78,880.00	\$78,880.00	Purchase Order	Saved -- Validated	Go to Sub Screen
021592998	APPLIED COMPUTER TRAINING & TECHNOLOGY, INC	PO-DCS-2100155	\$266,308.80	\$266,308.80	Purchase Order	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
VS18111	Hawaii Investment Ready	PO-MAY-2100162	\$2,569,750.00	\$2,569,750.00	Purchase Order	Saved -- Validated	Go to Sub Screen
879265247	HAWAII COMMUNITY REINVESTMENT CORPORATION	PO-MAY-2100157	\$2,567,905.77	\$2,567,905.77	Purchase Order	Saved -- Validated	Go to Sub Screen
VS11384	National Kidney Foundation of Hawaii	PO-MAY-2100180	\$16,454,000.00	\$16,454,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
968392134	HAWAII PRIMARY CARE ASSOCIATION	PO-MAY-2100172	\$9,128,735.00	\$2,000,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
033188103	HONBLUE, INC.	SP-MAY-2101367	\$99,921.43	\$99,921.43	Purchase Order	Saved -- Validated	Go to Sub Screen
070556204	BOUND TREE MEDICAL, LLC	PO-ESD-2100128	\$167,500.00	\$43,751.00	Purchase Order	Saved -- Validated	Go to Sub Screen
130198454	HAWAII MASK LLC	SP-ESD-2101165	\$68,062.80	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
005103494	W. W. GRAINGER, INC.	PO-ESD-2100165	\$377,383.72	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
81312	STAR PROTECTION AGENCY LLC	SP-HFD-2101242	\$56,208.19	\$56,208.19	Purchase Order	Saved -- Validated	Go to Sub Screen
960342327	FASTENAL COMPANY	DO-HFD-2100859	\$54,195.30	\$0.00	Delivery Order	Saved -- Validated	Go to Sub Screen
091802108	ABLE DISTRIBUTORS INC	PO-HFD-2100179	\$991,704.32	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
001325463	MOTOROLA SOLUTIONS, INC.	DO-HFD-2100960	\$60,981.56	\$60,981.56	Delivery Order	Saved -- Validated	Go to Sub Screen
960912467	IHS, THE INSTITUTE FOR HUMAN SERVICES, INC	SP-HPD-2101429	\$98,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
182003962	HARMER RADIO AND ELECTRONICS, INC.	SP-HPD-2101476	\$84,397.67	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
117183584	MOUNTAIN CONTAINER TRADING INC	PO-HFD-2100215	\$334,837.56	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
824923106	AIRGAS USA, LLC	PO-ESD-2100189	\$518,324.40	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
173503806	ABATEMENT TECHNOLOGIES, INC.	SP-ESD-2101297	\$84,696.21	\$84,696.21	Purchase Order	Saved -- Validated	Go to Sub Screen
VS9938	J. Kadowaki, Inc.	PO-DDC-2100191	\$1,191,107.00	\$1,191,107.00	Purchase Order	Saved -- Validated	Go to Sub Screen
104520	ALII Security Systems, Inc.	PO-DCS-2100201	\$67,355.79	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
113219307	VIP SANITATION, INC.	PO-DCS-2100217	\$120,649.18	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
117134710	2586 KALAKAUA OWNER LP	PO-DLM-2100188	\$150,000.00	\$150,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
117501687	BE WELL HAWAII OHANA, LLC	PO-MAY-2100168	\$810,975.00	\$648,780.00	Purchase Order	Saved -- Validated	Go to Sub

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	Screen
							Screen
965088057	UNIVERSITY OF HAWAII SYSTEMS	PO-MAY-2100181	\$3,000,000.00	\$933,319.25	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0663	Robert's Tours & Transportation, Inc.	PO-MAY-2100193	\$538,000.00	\$151,602.35	Purchase Order	Saved -- Validated	Go to Sub Screen
965088057	UNIVERSITY OF HAWAII SYSTEMS	PO-MAY-2100194	\$119,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
139127836	OAHU ECONOMIC DEVELOPMENT BOARD	PO-MAY-2100183	\$1,000,000.00	\$1,000,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS18010	Fernweh Technology, LLC	PO-MAY-2100144	\$80,000.00	\$76,200.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS18180	Hawaii Hospital Education and Research Foundation	PO-MAY-2100195	\$3,000,000.00	\$3,000,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
825068047	KUPU	PO-MAY-2100222	\$2,420,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
956706832	JUDICIARY COURTS OF THE STATE OF HAWAII	PO-DCS-2100196	\$140,000.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
108422	HAWAII NISSAN, INC.	SP-HPD-2101526	\$76,540.54	\$76,540.54	Purchase Order	Saved -- Validated	Go to Sub Screen
010551315	DAILEY AND WELLS COMMUNICATIONS, INC.	PO-HPD-2100204	\$229,737.16	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS0000018	Hawaii HOME Project	SP-HPD-2101450	\$84,000.00	\$36,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen
004961140	ARAMSCO, INC.	SP-HPD-2101662	\$58,183.80	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
171821486	AED INSTITUTE OF AMERICA INC	PO-HPD-2100218	\$417,686.50	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
080359957	AIR SHELTERS USA LLC	PO-HPD-2100219	\$738,733.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
005094842	W. S. DARLEY & CO.	PO-HFD-2100229	\$111,083.50	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
827977435	OPERATIVE EXPERIENCE, INC.	PO-HFD-2100245	\$162,526.00	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
968904698	CELLCO PARTNERSHIP	SP-HFD-2101971	\$73,039.15	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
VS17761	Mobility Capital Finance, Inc.	PO-MAY-2100227	\$1,908,800.04	\$1,908,608.64	Purchase Order	Saved -- Validated	Go to Sub Screen
VS17761	Mobility Capital Finance, Inc.	PO-MAY-2100233	\$124,136.40	\$124,136.40	Purchase Order	Saved -- Validated	Go to Sub Screen
VS17946	United Fishing Agency, Ltd.	PO-MAY-2100253	\$160,312.97	\$0.00	Purchase Order	Saved -- Validated	Go to Sub Screen
103901799	HAWAII FOODBANK, INC.	PO-DCS-2100241	\$200,000.00	\$200,000.00	Purchase Order	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
VS18285	<b>Malama Meals United</b>	PO-DCS-2100234	\$300,000.00	\$0.00	Purchase Order	Saved -- Validated	<b>Go to Sub Screen</b>
012430880	<b>HENRY SCHEIN, INC.</b>	SP-ESD-2101756	\$67,245.12	\$0.00	Purchase Order	Saved -- Validated	<b>Go to Sub Screen</b>
012430880	<b>HENRY SCHEIN, INC.</b>	PO-ESD-2100239	\$74,134.33	\$0.00	Purchase Order	Saved -- Validated	<b>Go to Sub Screen</b>
VS0018269	<b>Emergency Medical Supply LLC</b>	PO-HPD-2100232	\$171,238.58	\$0.00	Purchase Order	Saved -- Validated	<b>Go to Sub Screen</b>

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**Grants >=\$50,000**

U.S. DEPARTMENT OF THE TREASURY  
**Office of Inspector General (OIG)**  
**Pandemic Response Accountability Committee (PRAC)**

**Financial Progress Report (FPR)**  
**Grants >= \$50,000**

DUNS/Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status
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**Loans >=\$50,000**

U.S. DEPARTMENT OF THE TREASURY

**Office of Inspector General (OIG)**

**Pandemic Response Accountability Committee (PRAC)**

**Financial Progress Report (FPR)**

**Loan >= \$50,000**

DUNS/ Identification Number	Borrower Name	Loan Number	Loan Amount	Current Quarter Payments	Status
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**Transfers >=\$50,000**

U.S. DEPARTMENT OF THE TREASURY  
**Office of Inspector General (OIG)**  
**Pandemic Response Accountability Committee (PRAC)**

**Financial Progress Report (FPR)**  
**Transfers >=\$50,000**

DUNS/ Identification Number	Transferee/Government Unit Name	Transfer Number	Transfer Amount	Current Quarter Expenditures	Transfer Type	Status
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**Direct >=\$50,000**

U.S. DEPARTMENT OF THE TREASURY

**Office of Inspector General (OIG)**

**Pandemic Response Accountability Committee (PRAC)**

**Financial Progress Report(FPR)**

**Direct Payments >=\$50,000**

DUNS/ Identification Number	Payee Name	Obligation Amount	Current Quarter Expenditures	Status
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## Aggregate Awards of <\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)						
Financial Progress Report(FPR) Aggregate Awards of <\$50,000						
	A	B	C	D	E	
Funding Type	Updates this Quarter?*	Current Quarter Obligation	Cumulative Obligation	Current Quarter Expenditure/Payments	Cumulative Expenditure/Payments	
109	Aggregate of Contracts Awarded for <\$50,000	Yes	\$1,234,307.62	\$4,240,867.46	\$1,642,265.26	\$3,213,111.49
110	Aggregate of Grants Awarded for <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
111	Aggregate of Loans Issued for <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
112	Aggregate of Transfers <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
113	Aggregate of Direct Payments <\$50,000	Yes	\$2,044,255.53	\$6,281,297.43	\$2,042,717.27	\$5,932,001.85
<b>Total:</b>			\$3,278,563.15	\$10,522,164.89	\$3,684,982.53	\$9,145,113.34

## Aggregate Payments to Individuals

U.S. DEPARTMENT OF THE TREASURY <b>Office of Inspector General (OIG)</b> <b>Pandemic Response Accountability Committee (PRAC)</b>					
<b>Financial Progress Report (FPR)</b> <b>Aggregate Payment to Individuals</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
	Updates this Quarter?*	Current Quarter Obligation	Cumulative Obligation	Current Quarter Expenditure	Cumulative Expenditure
114	Yes	\$12,552,792.11	\$12,855,022.96	\$12,552,792.11	\$12,855,022.96

## Totals

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)					
Financial Progress Report(FPR) Totals					
115	Coronavirus Relief Funds Received				\$387,176,021.20
		A	B	C	D
		Obligations	Current Quarter Expenditures	Cumulative Expenditures	Net Obligation
116	Contracts >=\$50,000	\$357,864,595.91	\$212,112,693.52	\$291,977,540.54	\$65,887,055.37
117	Grants >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
118	Transfers >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
119	Direct >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
120	Aggregate Contracts <\$50,000	\$4,240,867.46	\$1,642,265.26	\$3,213,111.49	\$1,027,755.97
121	Aggregate Grants <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
122	Aggregate Transfers <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
123	Aggregate Direct <\$50,000	\$6,281,297.43	\$2,042,717.27	\$5,932,001.85	\$349,295.58
124	Aggregate Payments to Individuals	\$12,855,022.96	\$12,552,792.11	\$12,855,022.96	\$0.00
125	<b>Total</b>	<b>\$381,241,783.76</b>	<b>\$228,350,468.16</b>	<b>\$313,977,676.84</b>	<b>\$67,264,106.92</b>
		Obligations	Current Quarter Payments	Cumulative Payments	Net Obligation
126	Loans >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
127	Aggregate Loans <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
128	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
129	Available Balance of CRF funds before Loan Repayment				\$5,934,237.44
130	Cumulative Loan Payments				\$0.00
131	<b>Total Available Balance of CRF funds</b>				<b>\$5,934,237.44</b>
<p>I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate, and the information is provided for the purposes and intent set forth in the CARES Act, P.L. 116-136. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code, Title 18, Section 1001 and Title 31, Sections 3729-3733 and 3801-3812)</p>					
132a. Name of Authorized Official Nancy Abilay		132b. Email Address nabilay@honolulu.gov			
132c. Signature of Authorized Certifying Official 		132d. Date Report Submitted (Month, Day, Year) 01/11/2021			

### Sub Screen: Sub-Recipient 1

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	031106625		Verified
22	Identification Number			
23	Legal Name*	ALOHA HARVEST		
24	Address Line 1*	3599 WAIALAE AVE STE 23		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96816-2759		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 1

34	Sub-Recipient Organization (Contractor)*	ALOHA HARVEST-031106625		
35	Contract Number*	SP-DCS-2003770		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$60,000.00		
38	Contract Date *	05/14/2020		
39	Period of Performance Start Date *	05/14/2020		
40	Period of Performance End Date *	05/31/2020		
41	Primary Place of Performance Address Line 1 *	3599 Waiialae Ave Ste 23		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96816-2759		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Aloha harvest Food Supplement		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	\$0.00	\$60,000.00	\$0.00	\$60,000.00
<b>Total</b>		\$0.00	\$60,000.00	\$0.00	\$60,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-003 - Food Assistance	05/14/2020	05/31/2020	\$60,000.00	Food Programs	
Line 2	0			\$0.00	Select	
<b>Total:</b>						\$60,000.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Contractor Name 2

34	Sub-Recipient Organization (Contractor)*	ALOHA UNITED WAY, INC.-07766511		
35	Contract Number*	PO-DCS-2000277		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$8,000,000.00		
38	Contract Date *	05/26/2020		
39	Period of Performance Start Date *	05/26/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	200 N Vineyard Blvd Ste 700		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-3952		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Hardship Relief Program for Individuals. Program will provide assistance to individuals experiencing financial hardship from loss of income due to COVID-19 Outbreak.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-004 - Housing Assistance	\$0.00	\$8,000,000.00	\$2,529,551.70	\$4,314,524.15
<b>Total</b>		\$0.00	\$8,000,000.00	\$2,529,551.70	\$4,314,524.15

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-004 - Housing Assistance	05/26/2020	06/30/2020	\$1,000,000.00	Housing Support	
Line 2	CCHNL20-004 - Housing Assistance	07/01/2020	09/30/2020	\$784,972.45	Housing Support	
<b>Total:</b>						\$1,784,972.45

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-004 - Housing Assistance	10/01/2020	10/01/2020	\$600,000.00	Housing Support		
Line 2	CCHNL20-004 - Housing Assistance	11/13/2020	11/13/2020	\$531,600.68	Housing Support		
Line 3	CCHNL20-004 - Housing Assistance	05/26/2020	11/30/2020	\$1,397,951.02	Housing Support		
<b>Total:</b>							\$2,529,551.70

### Sub Screen: Sub-Recipient 2

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	077665511		Verified
22	Identification Number			
23	Legal Name*	ALOHA UNITED WAY, INC.		
24	Address Line 1*	200 N VINEYARD BLVD STE 700		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-3952		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 3

34	Sub-Recipient Organization (Contractor)*	HAWAII FOODBANK, INC.-103901799		
35	Contract Number*	PO-DCS-2000272		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,225,000.00		
38	Contract Date *	05/27/2020		
39	Period of Performance Start Date *	05/27/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	2611 Kilihau St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2021		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To Provide Food Security to Households Affected by COVID-19		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	\$0.00	\$1,225,000.00	\$0.00	\$1,225,000.00
<b>Total</b>		\$0.00	\$1,225,000.00	\$0.00	\$1,225,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-003 - Food Assistance	05/27/2020	06/30/2020	\$1,082,394.87	Food Programs	
Line 2	CCHNL20-003 - Food Assistance	07/01/2020	09/30/2020	\$142,605.13	Food Programs	
<b>Total:</b>						\$1,225,000.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00



### Sub Screen: Sub-Recipient 3

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	103901799		Verified
22	Identification Number			
23	Legal Name*	HAWAII FOODBANK, INC.		
24	Address Line 1*	2611 KILHAU ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-2021		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 4

34	Sub-Recipient Organization (Contractor)*	COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT-113020999		
35	Contract Number*	PO-DCS-2000275		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$16,500,000.00		
38	Contract Date *	05/29/2020		
39	Period of Performance Start Date *	05/29/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	91-1270 Kinoiki St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kapolei		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96707-4128		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Hardship Relief Program for Individuals. Program will provide assistance to individuals experiencing financial hardship from loss of income due to COVID-19 Outbreak.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-004 - Housing Assistance	\$1,500,000.00	\$16,500,000.00	\$11,632,786.91	\$14,172,860.53
<b>Total</b>		\$1,500,000.00	\$16,500,000.00	\$11,632,786.91	\$14,172,860.53

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-004 - Housing Assistance	05/29/2020	06/30/2020	\$1,000,000.00	Housing Support	
Line 2	CCHNL20-004 - Housing Assistance	07/01/2020	09/30/2020	\$1,540,073.62	Housing Support	
<b>Total:</b>						\$2,540,073.62

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-004 - Housing Assistance	10/01/2020	10/01/2020	\$2,000,000.00	Housing Support		
Line 2	CCHNL20-004 - Housing Assistance	08/11/2020	11/12/2020	\$6,528,924.44	Housing Support		
Line 3	CCHNL20-004 - Housing Assistance	05/29/2020	11/30/2020	\$3,103,862.47	Housing Support		
<b>Total:</b>						\$11,632,786.91	

### Sub Screen: Sub-Recipient 4

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	113020999		Verified
22	Identification Number			
23	Legal Name*	COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT		
24	Address Line 1*	91-1270 KINOIKI ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KAPOLEI		
28	State Code*	HI		
29	Zip+4*	96707-4128		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 5

34	Sub-Recipient Organization (Contractor)*	HELPING HANDS HAWAII-039302104		
35	Contract Number*	PO-DCS-2000332		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$500,000.00
38	Contract Date *	06/18/2020		
39	Period of Performance Start Date *	06/18/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	2100 N Nimitz Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2218		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Hardship Relief Program for Individuals. Program will provide assistance to individuals experiencing financial hardship from loss of income due to COVID-19 Outbreak.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-004 - Housing Assistance	\$0.00	\$500,000.00	\$236,010.03	\$336,010.03
<b>Total</b>		\$0.00	\$500,000.00	\$236,010.03	\$336,010.03

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-004 - Housing Assistance	07/01/2020	09/30/2020	\$100,000.00	Housing Support	
<b>Total:</b>						\$100,000.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-004 - Housing Assistance	10/09/2020	10/19/2020	\$42,503.47	Housing Support		
Line 2	CCHNL20-004 - Housing Assistance	11/04/2020	11/20/2020	\$97,233.97	Housing Support		
Line 3	CCHNL20-004 - Housing Assistance	06/18/2020	11/30/2020	\$96,272.59	Housing Support		
<b>Total:</b>							\$236,010.03

### Sub Screen: Sub-Recipient 5

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	039302104		Verified
22	Identification Number			
23	Legal Name*	HELPING HANDS HAWAII		
24	Address Line 1*	2100 N NIMITZ HWY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-2218		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 6

34	Sub-Recipient Organization (Contractor)*	MENTAL HEALTH KOKUA-113232144		
35	Contract Number*	PO-DCS-2000330		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$200,000.00
38	Contract Date *	06/24/2020		
39	Period of Performance Start Date *	06/24/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	1221 Kapiolani Blvd Ste 345		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-3510		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Provide hygiene services for persons experiencing homelessness during a pandemic at the Punawai Rest Stop (PRS).		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	\$100,000.00	\$200,000.00	\$68,610.33	\$86,248.78
<b>Total</b>		\$100,000.00	\$200,000.00	\$68,610.33	\$86,248.78

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	07/01/2020	09/30/2020	\$17,638.45	Public Health Expenses	
<b>Total:</b>						\$17,638.45

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	06/24/2020	08/15/2020	\$31,344.91	Public Health Expenses		
Line 2	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	08/16/2020	09/30/2020	\$28,923.11	Public Health Expenses		
Line 3	CCHNL20-016 - Hygiene Assistance for Vulnerable	06/24/2020	08/15/2020	\$8,342.31	Public Health Expenses		

	Populations						
<b>Total:</b>							\$68,610.33

### Sub Screen: Sub-Recipient 6

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	113232144	Verified
22	Identification Number		
23	Legal Name*	MENTAL HEALTH KOKUA	
24	Address Line 1*	1221 KAPIOLANI BLVD STE 345	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HONOLULU	
28	State Code*	HI	
29	Zip+4*	96814-3801	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	



### Sub Screen: Contractor Name 7

34	Sub-Recipient Organization (Contractor)*	HAWAII PUBLIC HEALTH INSTITUTE-799066589		
35	Contract Number*	PO-DCS-2000344		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$3,000,000.00		
38	Contract Date *	06/25/2020		
39	Period of Performance Start Date *	06/30/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	850 Richards St Ste 201		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-4703		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Food and Meal Distribution with wrap around support services		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	\$0.00	\$3,000,000.00	\$1,757,806.26	\$2,757,806.26
<b>Total</b>		\$0.00	\$3,000,000.00	\$1,757,806.26	\$2,757,806.26

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-003 - Food Assistance	07/01/2020	09/30/2020	\$1,000,000.00	Food Programs	
<b>Total:</b>						\$1,000,000.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-003 - Food Assistance	11/24/2020	11/24/2020	\$541,099.85	Food Programs		
Line 2	CCHNL20-003 - Food Assistance	06/30/2020	11/30/2020	\$1,216,706.41	Food Programs		
<b>Total:</b>						\$1,757,806.26	

### Sub Screen: Sub-Recipient 7

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	799066589		Verified
22	Identification Number			
23	Legal Name*	HAWAII PUBLIC HEALTH INSTITUTE		
24	Address Line 1*	850 RICHARDS ST STE 201		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96813-4790		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 8

34	Sub-Recipient Organization (Contractor)*	RALPH S. INOUE CO., LTD.-002887222		
35	Contract Number*	PO#225163 (Job NO. 20-049D)		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$338,000.00
38	Contract Date *	05/04/2020		
39	Period of Performance Start Date *	05/05/2020		
40	Period of Performance End Date *	06/09/2020		
41	Primary Place of Performance Address Line 1 *	630 S Beretania St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-2404		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Beretania Public Service Building Lobby Improvements		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$338,000.00	\$0.00	\$338,000.00
<b>Total</b>		\$0.00	\$338,000.00	\$0.00	\$338,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	05/05/2020	06/09/2020	\$338,000.00	Public Health Expenses	
<b>Total:</b>						\$338,000.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 8

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	002887222		Verified
22	Identification Number			
23	Legal Name*	RALPH S. INOUE CO., LTD.		
24	Address Line 1*	500 ALAKAWA ST RM 220E		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-5703		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 9

34	Sub-Recipient Organization (Contractor)*	CDM SMITH INC.-055990261		
35	Contract Number*	C20547203		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$3,000,000.00		
38	Contract Date *	05/18/2020		
39	Period of Performance Start Date *	05/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	630 S Beretania St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-2404		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Emergency COVID-19 Updated of the Board of Water Supply Long Range Financial Plan		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	No Project Assigned	\$2,700,000.00	\$3,000,000.00	\$9,882.72	\$52,013.07
<b>Total</b>		\$2,700,000.00	\$3,000,000.00	\$9,882.72	\$52,013.07

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	No Project Assigned	05/20/2020	06/30/2020	\$42,130.35	Items Not Listed Above	Financial analysis and planning services to cope with the COVID-19 pandemic
<b>Total:</b>						\$42,130.35

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	No Project Assigned	08/14/2020	09/26/2020	\$9,882.72	Items Not Listed Above	Financial analysis and planning services to cope with the COVID-19 pandemic	
<b>Total:</b>						\$9,882.72	

### Sub Screen: Sub-Recipient 9

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	928758564		Verified
22	Identification Number			
23	Legal Name*	USHIJIMA ARCHITECTS INC		
24	Address Line 1*	2226 YOUNG ST STE A		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96826-2324		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 10

34	Sub-Recipient Organization (Contractor)*	USHIJIMA ARCHITECTS INC-928758564		
35	Contract Number*	C190060009		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$59,143.00
38	Contract Date *	05/12/2020		
39	Period of Performance Start Date *	05/12/2020		
40	Period of Performance End Date *	06/16/2020		
41	Primary Place of Performance Address Line 1 *	630 S Beretania St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-2404		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Job No 20-049D Beretania Public Service Building Lobby Improvements		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$59,143.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$59,143.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 10

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	055990261		Verified
22	Identification Number			
23	Legal Name*	CDM SMITH INC.		
24	Address Line 1*	75 STATE ST STE 701		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BOSTON		
28	State Code*	MA		
29	Zip+4*	02109-1940		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	8		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



### Sub Screen: Contractor Name 11

34	Sub-Recipient Organization (Contractor)*	SODERHOLM SALES AND LEASING, INC.-604703181		
35	Contract Number*	PO-DTS-2000257		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$3,989,061.00		
38	Contract Date *	05/15/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	12/02/2020		
41	Primary Place of Performance Address Line 1 *	2044 Dillingham Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-4023		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Furnish and deliver (27) Handi-Vans to allow for social distancing.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$3,989,061.00	\$3,989,061.00	\$3,989,061.00
<b>Total</b>		\$0.00	\$3,989,061.00	\$3,989,061.00	\$3,989,061.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	10/19/2020	10/22/2020	\$738,715.00	Public Health Expenses		
Line 2	CCHNL20-010 - Providing Equipment to allow for Social Distancing	11/04/2020	12/02/2020	\$3,250,346.00	Public Health Expenses		
<b>Total:</b>						\$3,989,061.00	

### Sub Screen: Sub-Recipient 11

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	604703181		Verified
22	Identification Number			
23	Legal Name*	SODERHOLM SALES AND LEASING, INC.		
24	Address Line 1*	2044 DILLINGHAM BLVD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-4023		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 13

34	Sub-Recipient Organization (Contractor)*	Aqua03, LLC-VS0017707		
35	Contract Number*	SP-DPR-2004330		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$70,233.24		
38	Contract Date *	06/15/2020		
39	Period of Performance Start Date *	06/15/2020		
40	Period of Performance End Date *	07/30/2020		
41	Primary Place of Performance Address Line 1 *	1359 Maalahi St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-1728		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	(20) Ozone generators (this product adds O3 to cold tap water to use as sanitizer towards 99% reduction of viruses & bacteria on high touch areas in City Parks.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	\$0.00	\$70,233.24	\$0.00	\$70,233.24
<b>Total</b>		\$0.00	\$70,233.24	\$0.00	\$70,233.24

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	07/01/2020	08/31/2020	\$70,233.24	Personal Protective Equipment	
<b>Total:</b>						\$70,233.24

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

## Sub Screen: Sub-Recipient 12

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	963191072		Verified
22	Identification Number			
23	Legal Name*	HAWAII UNIFIED INDUSTRIES, LLC		
24	Address Line 1*	84-1170 FARRINGTON HWY STE C1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WAIANAE		
28	State Code*	HI		
29	Zip+4*	96792-2060		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 14

34	Sub-Recipient Organization (Contractor)*	PACIFIC ISLE INDUSTRIAL SUPPLY, LLC-131992450		
35	Contract Number*	PO-HFD-2000252		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$127,329.79		
38	Contract Date *	05/08/2020		
39	Period of Performance Start Date *	05/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	94-416 Ukee St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waipahu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96797-4463		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Furnish and deliver 20,000, Twin Filter Packs		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$127,329.79	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$127,329.79	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 13

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	104672		
23	Legal Name*	H2O Systems, LLC		
24	Address Line 1*	1950 Young St Ste 300		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96826-2114		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 15

34	Sub-Recipient Organization (Contractor)*	RICOCHET MANUFACTURING CORPORATION-053579236		
35	Contract Number*	DO-HFD-2002309		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$219,000.00		
38	Contract Date *	05/13/2020		
39	Period of Performance Start Date *	05/13/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	4700 Wissahickon Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Philadelphia		
45	Primary Place of Performance State Code *	PA		
46	Primary Place of Performance Zip+4 *	19144-4248		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	700 Ricochet Medical Jackets		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$219,000.00	\$146,600.00	\$219,000.00
<b>Total</b>		\$0.00	\$219,000.00	\$146,600.00	\$219,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	08/13/2020	08/13/2020	\$31,100.00	Personal Protective Equipment	
Line 3	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/28/2020	09/28/2020	\$41,300.00	Personal Protective Equipment	
<b>Total:</b>						\$72,400.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	10/09/2020	10/09/2020	\$49,600.00	Personal Protective Equipment		
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	10/30/2020	10/30/2020	\$47,400.00	Personal Protective Equipment		

Line 3	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/08/2020	11/08/2020	\$49,600.00	Personal Protective Equipment		
<b>Total:</b>		\$146,600.00					



### Sub Screen: Sub-Recipient 14

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	131992450	Verified
22	Identification Number		
23	Legal Name*	PACIFIC ISLE INDUSTRIAL SUPPLY, LLC	
24	Address Line 1*	94 416 UKEE ST STE 102	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WAIPAHU	
28	State Code*	HI	
29	Zip+4*	96797-4463	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

### Sub Screen: Contractor Name 16

34	Sub-Recipient Organization (Contractor)*	PACIFIC ISLE INDUSTRIAL SUPPLY, LLC-131992450		
35	Contract Number*	PO-HFD-2000221		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$117,814.08		
38	Contract Date *	05/13/2020		
39	Period of Performance Start Date *	05/13/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	94-416 Ukee St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waipahu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96797-4463		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	MSA G1 Twin Adapters and Filters		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$117,814.08	\$0.00	\$117,814.08
<b>Total</b>		\$0.00	\$117,814.08	\$0.00	\$117,814.08

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	06/18/2020	06/18/2020	\$3,743.45	Personal Protective Equipment	
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	06/23/2020	06/23/2020	\$86,505.20	Personal Protective Equipment	
Line 3	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	06/25/2020	06/25/2020	\$3,403.14	Personal Protective Equipment	
Line 4	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	07/30/2020	07/30/2020	\$5,703.66	Personal Protective Equipment	
Line 5	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/03/2020	09/03/2020	\$4,505.76	Personal Protective Equipment	
Line 6	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/04/2020	09/04/2020	\$13,952.87	Personal Protective Equipment	

<b>Total:</b>	\$117,814.08
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### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>					\$0.00		

### Sub Screen: Sub-Recipient 15

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	187502109		Verified
22	Identification Number			
23	Legal Name*	STRYKER CORPORATION		
24	Address Line 1*	5900 OPTICAL CT		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SAN JOSE		
28	State Code*	CA		
29	Zip+4*	95138-1400		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	19		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 17

34	Sub-Recipient Organization (Contractor)*	ABLE DISTRIBUTORS INC-091802108		
35	Contract Number*	SP-HFD-2003296		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$96,951.58
38	Contract Date *	05/13/2020		
39	Period of Performance Start Date *	05/13/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	96-1276 Waihona St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Pearl City		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96782-1972		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	782 cases of 3M N95 Masks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$96,951.58	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$96,951.58	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 16

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	069836013		Verified
22	Identification Number			
23	Legal Name*	RAINBOW CHEVROLET, INC.		
24	Address Line 1*	711 ALA MOANA BLVD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96813-5506		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 18

34	Sub-Recipient Organization (Contractor)*	W. S. DARLEY & CO.-005094842		
35	Contract Number*	SP-HFD-2003808		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$70,476.00
38	Contract Date *	05/14/2020		
39	Period of Performance Start Date *	05/14/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	325 Spring Lake Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Itasca		
45	Primary Place of Performance State Code *	IL		
46	Primary Place of Performance Zip+4 *	60143-2072		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	8		
50	Contract Description *	700 AAMI Level 3 compliant non-surgical isolation gowns		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$70,476.00	\$0.00	\$65,439.07
<b>Total</b>		\$0.00	\$70,476.00	\$0.00	\$65,439.07

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	07/10/2020	07/10/2020	\$31,292.07	Personal Protective Equipment	
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	08/05/2020	08/05/2020	\$34,147.00	Personal Protective Equipment	
<b>Total:</b>						\$65,439.07

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 17

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	939260910		Verified
22	Identification Number			
23	Legal Name*	EMSS, INC.		
24	Address Line 1*	98-746 KUAHAO PL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PEARL CITY		
28	State Code*	HI		
29	Zip+4*	96782-3125		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		



### Sub Screen: Contractor Name 19

34	Sub-Recipient Organization (Contractor)*	PACIFIC ISLE INDUSTRIAL SUPPLY, LLC-131992450		
35	Contract Number*	PO-HFD-2000314		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$147,643.92		
38	Contract Date *	06/09/2020		
39	Period of Performance Start Date *	06/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	94-416 Ukee St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waipahu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96797-4463		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	20,000 MSA P100 Flexi-filters, P/N 818342		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$147,643.92	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$147,643.92	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 18

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	614948396		Verified
22	Identification Number			
23	Legal Name*	WORLD WIDE TECHNOLOGY, LLC		
24	Address Line 1*	1 WORLD WIDE WAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SAINT LOUIS		
28	State Code*	MO		
29	Zip+4*	63146-3002		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 20

34	Sub-Recipient Organization (Contractor)*	L.N. CURTIS AND SONS-612593231		
35	Contract Number*	SP-HFD-2004550		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$82,094.22		
38	Contract Date *	06/22/2020		
39	Period of Performance Start Date *	06/22/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	4647 S 33rd St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Phoenix		
45	Primary Place of Performance State Code *	AZ		
46	Primary Place of Performance Zip+4 *	85040-2850		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	MSA P100 Advantage Low Profile Filter Cartridges #10123079		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.01	\$82,094.22	\$71,832.44	\$82,094.22
<b>Total</b>		\$0.01	\$82,094.22	\$71,832.44	\$82,094.22

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	07/30/2020	07/30/2020	\$10,261.78	Personal Protective Equipment	
<b>Total:</b>						\$10,261.78

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	10/12/2020	10/15/2020	\$41,457.58	Personal Protective Equipment		
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/11/2020	11/11/2020	\$30,374.86	Personal Protective Equipment		
<b>Total:</b>						\$71,832.44	

### Sub Screen: Sub-Recipient 19

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	047957386		Verified
22	Identification Number			
23	Legal Name*	FISHER SCIENTIFIC COMPANY L.L.C.		
24	Address Line 1*	3970 JOHNS CREEK CT STE 500		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SUWANEE		
28	State Code*	GA		
29	Zip+4*	30024-1297		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 21

34	Sub-Recipient Organization (Contractor)*	STRYKER CORPORATION-187502109		
35	Contract Number*	PO-ESD-2000253		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$991,118.94		
38	Contract Date *	05/07/2020		
39	Period of Performance Start Date *	05/07/2020		
40	Period of Performance End Date *	08/07/2020		
41	Primary Place of Performance Address Line 1 *	3701 E Morrow Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Phoenix		
45	Primary Place of Performance State Code *	AZ		
46	Primary Place of Performance Zip+4 *	85050-2627		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	25 Monitor/Defibrillator Equipment and accessories		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-023 - Equipment to prevent cross contamination	\$0.00	\$991,118.94	\$0.00	\$991,118.94
<b>Total</b>		\$0.00	\$991,118.94	\$0.00	\$991,118.94

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-023 - Equipment to prevent cross contamination	06/29/2020	06/29/2020	\$991,118.94	Medical Expenses	
<b>Total:</b>						\$991,118.94

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 20

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	626824564		Verified
22	Identification Number			
23	Legal Name*	MORRO TORO CORPORATION		
24	Address Line 1*	6925 SYCAMORE RD STE B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ATASCADERO		
28	State Code*	CA		
29	Zip+4*	93422-4536		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	24		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 22

34	Sub-Recipient Organization (Contractor)*	STRYKER CORPORATION-187502109		
35	Contract Number*	PO-ESD-2000255		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$1,238,075.29
38	Contract Date *	05/08/2020		
39	Period of Performance Start Date *	05/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3701 E Morrow Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Phoenix		
45	Primary Place of Performance State Code *	AZ		
46	Primary Place of Performance Zip+4 *	85050-2627		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			6
50	Contract Description *	75 Automated Chest Compression Devices		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$1,238,075.29	\$0.00	\$1,238,075.29
<b>Total</b>		\$0.00	\$1,238,075.29	\$0.00	\$1,238,075.29

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-018 - COVID Response Equipment	05/08/2020	06/30/2020	\$1,177,798.79	Medical Expenses	
Line 2	CCHNL20-018 - COVID Response Equipment	07/31/2020	07/31/2020	\$60,276.50	Medical Expenses	
<b>Total:</b>						\$1,238,075.29

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 21

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	182003962	Verified
22	Identification Number		
23	Legal Name*	HARMER RADIO AND ELECTRONICS, INC.	
24	Address Line 1*	300 HOOHANA ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KAHULUI	
28	State Code*	HI	
29	Zip+4*	96732-2966	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	



### Sub Screen: Contractor Name 23

34	Sub-Recipient Organization (Contractor)*	JN GROUP, INC-033214826		
35	Contract Number*	PO-ESD-2000258		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$205,197.32
38	Contract Date *	05/13/2020		
39	Period of Performance Start Date *	05/13/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2999 N Nimitz Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-1903		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	5 Pickup Trucks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$205,197.32	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$205,197.32	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Line 2	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 22

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	077664142		Verified
22	Identification Number			
23	Legal Name*	KALIHI PALAMA HEALTH CENTER		
24	Address Line 1*	915 N KING ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-4544		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 24

34	Sub-Recipient Organization (Contractor)*	SERVCO PACIFIC INC.-006927099		
35	Contract Number*	PO-ESD-2000259		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$192,909.29		
38	Contract Date *	05/13/2020		
39	Period of Performance Start Date *	05/13/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2850 Pukoloa St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-4433		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Furnish and deliver 5 Pickup Trucks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$192,909.29	\$192,909.29	\$192,909.29
<b>Total</b>		\$0.00	\$192,909.29	\$192,909.29	\$192,909.29

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	05/26/2020	05/26/2020	\$40,186.44	Administrative Expenses		
Line 2	CCHNL20-018 - COVID Response Equipment	05/26/2020	05/26/2020	\$113,707.09	Administrative Expenses		
Line 3	CCHNL20-018 - COVID Response Equipment	05/26/2020	05/26/2020	\$39,015.76	Administrative Expenses		
<b>Total:</b>							\$192,909.29

### Sub Screen: Sub-Recipient 23

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	021093568		Verified
22	Identification Number			
23	Legal Name*	WAHIAWA CENTER FOR COMMUNITY HEALTH, THE		
24	Address Line 1*	302 CALIFORNIA AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WAHIAWA		
28	State Code*	HI		
29	Zip+4*	96786-1841		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 25

34	Sub-Recipient Organization (Contractor)*	TSI, INCORPORATED-006253124		
35	Contract Number*	PO-ESD-2000290		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$159,937.11
38	Contract Date *	05/28/2020		
39	Period of Performance Start Date *	05/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	500 Cardigan Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Shoreview		
45	Primary Place of Performance State Code *	MN		
46	Primary Place of Performance Zip+4 *	55126-3903		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	8 Respirator Fit Testers and Accessories		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$159,937.11	\$159,937.11	\$159,937.11
<b>Total</b>		\$0.00	\$159,937.11	\$159,937.11	\$159,937.11

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	10/15/2020	10/15/2020	\$159,937.11	Personal Protective Equipment		
<b>Total:</b>							\$159,937.11

### Sub Screen: Sub-Recipient 24

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	612593231	Verified
22	Identification Number		
23	Legal Name*	L.N. CURTIS AND SONS	
24	Address Line 1*	16821 KNOTT AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LA MIRADA	
28	State Code*	CA	
29	Zip+4*	90638-6014	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	38	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 26

34	Sub-Recipient Organization (Contractor)*	Yun Xiaoq Zhang-VS0000017		
35	Contract Number*	PO-ESD-2000292		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$280,650.00
38	Contract Date *	05/28/2020		
39	Period of Performance Start Date *	05/28/2020		
40	Period of Performance End Date *	08/28/2020		
41	Primary Place of Performance Address Line 1 *	808 Sheridan St Ste 101		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-2474		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	30,000 Isolation Gowns		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*		Current Quarter Expenditure	Cumulative Expenditure
			Cumulative Obligation*		
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$280,650.00	\$0.00	\$280,650.00
<b>Total</b>		\$0.00	\$280,650.00	\$0.00	\$280,650.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	06/15/2020	06/15/2020	\$280,650.00	Personal Protective Equipment	
<b>Total:</b>						\$280,650.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 26

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	091802108		Verified
22	Identification Number			
23	Legal Name*	ABLE DISTRIBUTORS INC		
24	Address Line 1*	96-1276 WAIHONA ST, SUITE 118		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PEARL CITY		
28	State Code*	HI		
29	Zip+4*	96782-1972		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		



### Sub Screen: Contractor Name 27

34	Sub-Recipient Organization (Contractor)*	HARMER RADIO AND ELECTRONICS, INC.-182003962		
35	Contract Number*	PO-ESD-2000310		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$114,921.40		
38	Contract Date *	06/03/2020		
39	Period of Performance Start Date *	06/03/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	300 Hoohana St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kahului		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96732-2966		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Equipment installation - 10 Ocean Safety Trucks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$114,921.40	\$0.00	\$114,921.40
<b>Total</b>		\$0.00	\$114,921.40	\$0.00	\$114,921.40

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-018 - COVID Response Equipment	09/03/2020	09/03/2020	\$114,921.40	Public Health Expenses	
<b>Total:</b>						\$114,921.40

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1				\$0.00		
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 26

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	151474392	Verified
22	Identification Number		
23	Legal Name*	BRAUN NORTHWEST, INC.	
24	Address Line 1*	150 NORTHSTAR DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CHEHALIS	
28	State Code*	WA	
29	Zip+4*	98532-8799	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 28

34	Sub-Recipient Organization (Contractor)*	KALIHI PALAMA HEALTH CENTER-077664142		
35	Contract Number*	PO-ESD-2000297		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$248,571.00
38	Contract Date *	06/04/2020		
39	Period of Performance Start Date *	06/04/2020		
40	Period of Performance End Date *	09/30/2020		
41	Primary Place of Performance Address Line 1 *	915 N King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-4544		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Testing and Outreach Infrastructure Development		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$0.00	\$248,571.00	\$25,600.00	\$93,000.00
<b>Total</b>		\$0.00	\$248,571.00	\$25,600.00	\$93,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/02/2020	09/02/2020	\$17,400.00	COVID-19 Testing and Contact Tracing	
Line 3	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/02/2020	09/02/2020	\$50,000.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$67,400.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	06/08/2020	09/30/2020	\$25,600.00	COVID-19 Testing and Contact Tracing		
<b>Total:</b>							\$25,600.00

### Sub Screen: Sub-Recipient 27

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	069075947		Verified
22	Identification Number			
23	Legal Name*	SURFACIDE, LLC		
24	Address Line 1*	407 PILOT CT STE 200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WAUKESHA		
28	State Code*	WI		
29	Zip+4*	53188-2466		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 29

34	Sub-Recipient Organization (Contractor)*	Kokua Kalihi Valley (Comprehensive Family Services)-49410		
35	Contract Number*	PO-ESD-2000298		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$448,571.00		
38	Contract Date *	06/04/2020		
39	Period of Performance Start Date *	06/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2239 N School St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2539		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	COVID-19 Testing		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$200,000.00	\$448,571.00	\$139,871.00	\$248,571.00
<b>Total</b>		\$200,000.00	\$448,571.00	\$139,871.00	\$248,571.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	08/18/2020	08/18/2020	\$108,700.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$108,700.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/24/2020	09/24/2020	\$139,871.00	COVID-19 Testing and Contact Tracing		
<b>Total:</b>						\$139,871.00	

### Sub Screen: Sub-Recipient 28

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	134829642		Verified
22	Identification Number			
23	Legal Name*	CATALYST COMMUNICATIONS TECHNOLOGIES, INC.		
24	Address Line 1*	2107 GRAVES MILL RD STE D		
25	Address Line 2			
26	Address Line 3			
27	City Name*	FOREST		
28	State Code*	VA		
29	Zip+4*	24551-4293		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 30

34	Sub-Recipient Organization (Contractor)*	WAIKIKI HEALTH-109881003		
35	Contract Number*	PO-ESD-2000299		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$119,100.00		
38	Contract Date *	06/04/2020		
39	Period of Performance Start Date *	06/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	277 Ohua Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96815-6612		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	COVID-19 Testing		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	-\$129,471.00	\$119,100.00	\$8,600.00	\$84,100.00
<b>Total</b>		-\$129,471.00	\$119,100.00	\$8,600.00	\$84,100.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	07/31/2020	07/31/2020	\$60,000.00	COVID-19 Testing and Contact Tracing	
Line 3	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/11/2020	09/11/2020	\$10,000.00	COVID-19 Testing and Contact Tracing	
Line 4	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/28/2020	09/28/2020	\$5,500.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$75,500.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	08/03/2020	09/30/2020	\$2,000.00	COVID-19 Testing and Contact Tracing		

Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/18/2020	10/30/2020	\$6,600.00	COVID-19 Testing and Contact Tracing		
<b>Total:</b>							\$8,600.00



### Sub Screen: Sub-Recipient 29

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	031833811		Verified
22	Identification Number			
23	Legal Name*	NEX-XOS WORLDWIDE LLC		
24	Address Line 1*	3922 PEMBROKE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HOLLYWOOD		
28	State Code*	FL		
29	Zip+4*	33021-8127		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	24		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 31

34	Sub-Recipient Organization (Contractor)*	WAHIAWA CENTER FOR COMMUNITY HEALTH, THE-021093568		
35	Contract Number*	PO-ESD-2000300		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$298,571.00
38	Contract Date *	06/04/2020		
39	Period of Performance Start Date *	06/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	302 California Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Wahiawa		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96786-1841		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	COVID-19 Testing		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$0.00	\$298,571.00	\$150,200.00	\$220,200.00
<b>Total</b>		\$0.00	\$298,571.00	\$150,200.00	\$220,200.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	07/31/2020	07/31/2020	\$70,000.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$70,000.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	10/16/2020	10/16/2020	\$109,000.00	COVID-19 Testing and Contact Tracing		
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	11/16/2020	11/16/2020	\$13,400.00	COVID-19 Testing and Contact Tracing		
Line 3	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	12/07/2020	12/07/2020	\$11,500.00	COVID-19 Testing and Contact Tracing		

Line 4	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	12/18/2020	12/18/2020	\$16,300.00	COVID-19 Testing and Contact Tracing		
<b>Total:</b>							\$150,200.00

### Sub Screen: Sub-Recipient 30

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	010551315		Verified
22	Identification Number			
23	Legal Name*	DAILEY AND WELLS COMMUNICATIONS, INC.		
24	Address Line 1*	3440 E HOUSTON ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SAN ANTONIO		
28	State Code*	TX		
29	Zip+4*	78219-3814		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	35		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 32

34	Sub-Recipient Organization (Contractor)*	WAIMANALO HEALTH CENTER-849905674		
35	Contract Number*	PO-ESD-2000301		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$248,571.00
38	Contract Date *	06/09/2020		
39	Period of Performance Start Date *	06/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	41-1347 Kalaniana'ole Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waimanalo		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96795-1247		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Provide Various COVID-19 Related Services		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$0.00	\$248,571.00	\$40,700.00	\$140,500.00
<b>Total</b>		\$0.00	\$248,571.00	\$40,700.00	\$140,500.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	08/06/2020	08/06/2020	\$70,000.00	COVID-19 Testing and Contact Tracing	
Line 3	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/18/2020	09/18/2020	\$29,800.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$99,800.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	07/01/2020	10/07/2020	\$16,900.00	COVID-19 Testing and Contact Tracing		
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	11/10/2020	11/10/2020	\$23,800.00	COVID-19 Testing and Contact Tracing		

**Total:**

\$40,700.00

### Sub Screen: Sub-Recipient 31

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	141880034		Verified
22	Identification Number			
23	Legal Name*	FIRST LINE TECHNOLOGY, LLC		
24	Address Line 1*	3656 CENTERVIEW DR STE 4		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHANTILLY		
28	State Code*	VA		
29	Zip+4*	20151-3291		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	10		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 33

34	Sub-Recipient Organization (Contractor)*	WAIANAE DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD, INCORPORATED-072511389		
35	Contract Number*	PO-ESD-2000302		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$848,571.00		
38	Contract Date *	06/04/2020		
39	Period of Performance Start Date *	06/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	86-260 Farrington Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waianae		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96792-3128		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	COVID-19 Testing		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$400,000.00	\$848,571.00	\$381,100.00	\$629,671.00
<b>Total</b>		\$400,000.00	\$848,571.00	\$381,100.00	\$629,671.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	07/10/2020	07/10/2020	\$78,700.00	COVID-19 Testing and Contact Tracing	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	07/10/2020	07/10/2020	\$25,000.00	COVID-19 Testing and Contact Tracing	
Line 3	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	07/10/2020	07/10/2020	\$10,000.00	COVID-19 Testing and Contact Tracing	
Line 4	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	08/04/2020	08/04/2020	\$54,700.00	COVID-19 Testing and Contact Tracing	
Line 5	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	08/19/2020	08/19/2020	\$70,171.00	COVID-19 Testing and Contact Tracing	
Line 6	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/10/2020	09/10/2020	\$10,000.00	COVID-19 Testing and Contact Tracing	



<b>Total:</b>	\$248,571.00
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### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
<b>Line 1</b>	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	10/06/2020	10/06/2020	\$157,700.00	COVID-19 Testing and Contact Tracing		
<b>Line 2</b>	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	11/24/2020	11/24/2020	\$181,100.00	COVID-19 Testing and Contact Tracing		
<b>Line 3</b>	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	11/24/2020	11/24/2020	\$42,300.00	COVID-19 Testing and Contact Tracing		
<b>Total:</b>				\$381,100.00			

### Sub Screen: Sub-Recipient 32

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	804178361		Verified
22	Identification Number			
23	Legal Name*	ATKINS NORTH AMERICA, INC.		
24	Address Line 1*	350 DAVID L BOREN BLVD STE 1510		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NORMAN		
28	State Code*	OK		
29	Zip+4*	73072-7162		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input checked="" type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 34

34	Sub-Recipient Organization (Contractor)*	Koolauloa Community Health and Wellness Center, Inc.-94063		
35	Contract Number*	PO-ESD-2000303		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$248,571.00
38	Contract Date *	06/04/2020		
39	Period of Performance Start Date *	06/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	54-316 Kamehameha Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Hauula		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96717-9539		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	COVID-19 Testing		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$0.00	\$248,571.00	\$155,000.00	\$174,800.00
<b>Total</b>		\$0.00	\$248,571.00	\$155,000.00	\$174,800.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/04/2020	09/04/2020	\$19,800.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$19,800.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	08/01/2020	09/30/2020	\$123,700.00	COVID-19 Testing and Contact Tracing		
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	10/01/2020	10/31/2020	\$31,300.00	COVID-19 Testing and Contact Tracing		
<b>Total:</b>							\$155,000.00

### Sub Screen: Sub-Recipient 33

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	005103494		Verified
22	Identification Number			
23	Legal Name*	W. W. GRAINGER, INC.		
24	Address Line 1*	100 GRAINGER PKWY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LAKE FOREST		
28	State Code*	IL		
29	Zip+4*	60045-5202		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	10		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 35

34	Sub-Recipient Organization (Contractor)*	DIAGNOSTIC LABORATORY SERVICES, INC.-144535598		
35	Contract Number*	PO-ESD-2000317		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$200,000.00
38	Contract Date *	06/05/2020		
39	Period of Performance Start Date *	06/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	99-859 Iwaiwa St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Aiea		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96701-3267		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Provide Various COVID-19 Related Services		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$0.00	\$200,000.00	\$65,920.00	\$80,080.00
<b>Total</b>		\$0.00	\$200,000.00	\$65,920.00	\$80,080.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/10/2020	09/10/2020	\$13,840.00	COVID-19 Testing and Contact Tracing	
Line 3	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/25/2020	09/25/2020	\$320.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$14,160.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	08/31/2020	09/25/2020	\$10,320.00	COVID-19 Testing and Contact Tracing		
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/30/2020	10/23/2020	\$560.00	COVID-19 Testing and Contact Tracing		

Line 3	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	11/30/2020	11/30/2020	\$55,040.00	COVID-19 Testing and Contact Tracing		
<b>Total:</b>							\$65,920.00

### Sub Screen: Sub-Recipient 34

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	849905674	Verified
22	Identification Number		
23	Legal Name*	WAIMANALO HEALTH CENTER	
24	Address Line 1*	41-1347 KALANIANAOLE HWY STE A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WAIMANALO	
28	State Code*	HI	
29	Zip+4*	96795-1247	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 36

34	Sub-Recipient Organization (Contractor)*	CLINICAL LABORATORIES OF HAWAII LLP-105105		
35	Contract Number*	PO-ESD-2000318		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$400,000.00
38	Contract Date *	06/05/2020		
39	Period of Performance Start Date *	06/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	33 Lanihuli St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Hilo		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96720-4142		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	COVID-19 Testing - Laboratory		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$200,000.00	\$400,000.00	\$108,332.63	\$133,082.47
<b>Total</b>		\$200,000.00	\$400,000.00	\$108,332.63	\$133,082.47

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/10/2020	09/10/2020	\$4,416.64	COVID-19 Testing and Contact Tracing	
Line 3	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/22/2020	09/22/2020	\$20,333.20	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$24,749.84

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	07/08/2020	09/28/2020	\$6,999.95	COVID-19 Testing and Contact Tracing		
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	10/30/2020	10/30/2020	\$101,332.68	COVID-19 Testing and Contact Tracing		



**Total:**

\$108,332.63

### Sub Screen: Sub-Recipient 35

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	066282120		Verified
22	Identification Number			
23	Legal Name*	CUTTER FORD, INC.		
24	Address Line 1*	98-015 KAMEHAMEHA HWY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AIEA		
28	State Code*	HI		
29	Zip+4*	96701-4906		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 37

34	Sub-Recipient Organization (Contractor)*	CYCLE CITY LTD-033180308		
35	Contract Number*	PO-ESD-2000223		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$120,054.35		
38	Contract Date *	06/05/2020		
39	Period of Performance Start Date *	06/05/2020		
40	Period of Performance End Date *	07/14/2020		
41	Primary Place of Performance Address Line 1 *	600 Puuloa Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2003		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Purchase 9 UTVs		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$120,054.35	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$120,054.35	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 36

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	070556204	Verified
22	Identification Number		
23	Legal Name*	BOUND TREE MEDICAL, LLC	
24	Address Line 1*	5000 TUTTLE CROSSING BLVD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DUBLIN	
28	State Code*	OH	
29	Zip+4*	43016-1534	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	15	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input checked="" type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 38

34	Sub-Recipient Organization (Contractor)*	ABLE DISTRIBUTORS INC-091802108		
35	Contract Number*	SP-ESD-2003659		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$57,134.22		
38	Contract Date *	06/22/2020		
39	Period of Performance Start Date *	06/22/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	96-1276 Waihona St Ste 118		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Pearl City		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96782-1972		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Health Care Particulate Respirator		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$57,134.22	\$39,279.57	\$39,279.57
<b>Total</b>		\$0.00	\$57,134.22	\$39,279.57	\$39,279.57

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/30/2020	12/10/2020	\$39,279.57	Personal Protective Equipment		
<b>Total:</b>						\$39,279.57	

### Sub Screen: Sub-Recipient 37

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	054315825	Verified
22	Identification Number		
23	Legal Name*	CMI, INC.	
24	Address Line 1*	316 E 9TH ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	OWENSBORO	
28	State Code*	KY	
29	Zip+4*	42303-3511	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

### Sub Screen: Contractor Name 39

34	Sub-Recipient Organization (Contractor)*	Yun Xiaoq Zhang-VS0000017		
35	Contract Number*	PO-ESD-2000345		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$149,349.60		
38	Contract Date *	06/23/2020		
39	Period of Performance Start Date *	06/23/2020		
40	Period of Performance End Date *	07/09/2020		
41	Primary Place of Performance Address Line 1 *	808 Sheridan St Ste 101		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-2474		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Furnish and Deliver PPEs 19,000 Face Shields, 11,000 Protective eyewear, and 8,500 Isolation gowns		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$149,349.60	\$0.00	\$149,349.60
<b>Total</b>		\$0.00	\$149,349.60	\$0.00	\$149,349.60

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	07/09/2020	07/09/2020	\$149,349.60	Personal Protective Equipment	
<b>Total:</b>						\$149,349.60

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 39

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	072511389	Verified
22	Identification Number		
23	Legal Name*	WAIANAE DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD, INCORPORATED	
24	Address Line 1*	86-260 FARRINGTON HWY	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WAIANAE	
28	State Code*	HI	
29	Zip+4*	96792-3128	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	



### Sub Screen: Contractor Name 40

34	Sub-Recipient Organization (Contractor)*	WORLD WIDE TECHNOLOGY, LLC-614948396		
35	Contract Number*	PO-DIT-2000263		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$113,324.56
38	Contract Date *	05/21/2020		
39	Period of Performance Start Date *	05/21/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	550 S King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3006		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Equipment and software needed to enable city employees to work and conduct meetings remotely		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$0.00	\$113,324.56	\$0.00	\$113,324.56
<b>Total</b>		\$0.00	\$113,324.56	\$0.00	\$113,324.56

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-005 - Improving Telework Capabilities of the City	07/01/2020	08/31/2020	\$113,324.56	Improve Telework Capabilities of Public Employees	
<b>Total:</b>						\$113,324.56

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 39

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	144535598		Verified
22	Identification Number			
23	Legal Name*	DIAGNOSTIC LABORATORY SERVICES, INC.		
24	Address Line 1*	99-859 IWAIWA ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AIEA		
28	State Code*	HI		
29	Zip+4*	96701-3267		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 41

34	Sub-Recipient Organization (Contractor)*	EMSS, INC.-939260910		
35	Contract Number*	PO-BFS-2000281		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$58,287.58
38	Contract Date *	05/22/2020		
39	Period of Performance Start Date *	05/22/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	98-746 Kuahao Pl		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Pearl City		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96782-3125		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	BFS RP 1st Installment tax bill printing/mailing costs		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	No Project Assigned	\$0.00	\$58,287.58	\$0.00	\$58,287.58
<b>Total</b>		\$0.00	\$58,287.58	\$0.00	\$58,287.58

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	No Project Assigned	05/22/2020	06/30/2020	\$48,125.96	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	No Project Assigned	07/01/2020	08/31/2020	\$10,161.62	Economic Support (Other than Small Business, Housing, and Food Assistance)	
<b>Total:</b>						\$58,287.58

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 40

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	031428527		Verified
22	Identification Number			
23	Legal Name*	TERRA UNIVERSAL, INC.		
24	Address Line 1*	800 S RAYMOND AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	FULLERTON		
28	State Code*	CA		
29	Zip+4*	92831-5234		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	39		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 42

34	Sub-Recipient Organization (Contractor)*	UNIVERSITY OF HAWAII SYSTEMS-965088057		
35	Contract Number*	CT-MAY-2000282		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$3,798,204.00		
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2440 Campus Rd Unit 368		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96822-2234		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	The University of Hawaii JABSOM Tropical Medicine Clinical Lab will utilize the \$3,998,204.00 to establish a CLIA-certified laboratory to perform approximately 100,000 tests through the end of 2020. Through enhanced testing capacity for COVID-19, the project will partner with community health centers, support public health, counter measures (e.g. contact tracing), and benefit the City by re-opening the economy.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	-\$200,000.00	\$3,798,204.00	\$879,768.00	\$2,142,547.00
<b>Total</b>		-\$200,000.00	\$3,798,204.00	\$879,768.00	\$2,142,547.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	07/01/2020	08/31/2020	\$1,262,779.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$1,262,779.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	07/01/2020	10/31/2020	\$879,768.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$879,768.00

### Sub Screen: Sub-Recipient 41

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	033180308		Verified
22	Identification Number			
23	Legal Name*	CYCLE CITY LTD		
24	Address Line 1*	600 PUULOA RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-2003		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 43

34	Sub-Recipient Organization (Contractor)*	Aloha Pacific Federal Union-37450		
35	Contract Number*	PO-MAY-2000266		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$45,525,000.00		
38	Contract Date *	05/19/2020		
39	Period of Performance Start Date *	05/19/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	832 S Hotel St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-2573		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Small Business Relief Program		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	\$30,187,500.00	\$45,525,000.00	\$27,095,727.05	\$40,501,790.30
<b>Total</b>		\$30,187,500.00	\$45,525,000.00	\$27,095,727.05	\$40,501,790.30

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	05/19/2020	06/29/2020	\$6,150,000.00	Small Business Assistance	
Line 2	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	07/01/2020	08/31/2020	\$4,771,894.98	Small Business Assistance	
Line 3	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	09/01/2020	09/30/2020	\$2,484,168.27	Small Business Assistance	
<b>Total:</b>						\$13,406,063.25

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line	CCHNL20-001 -	09/10/2020	10/19/2020	\$15,360,489.32			

<b>1</b>	Small Business Assistance - Small Business Relief Program				Small Business Assistance	
<b>Line 2</b>	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	10/20/2020	10/29/2020	\$6,258,447.43	Small Business Assistance	
<b>Line 3</b>	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	11/20/2020	11/30/2020	\$5,476,790.30	Small Business Assistance	
<b>Total:</b>						\$27,095,727.05



### Sub Screen: Sub-Recipient 42

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	080359957		Verified
22	Identification Number			
23	Legal Name*	AIR SHELTERS USA LLC		
24	Address Line 1*	650 SW 16TH TERR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	POMPANO BEACH		
28	State Code*	FL		
29	Zip+4*	33069-4533		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	20		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 44

34	Sub-Recipient Organization (Contractor)*	Hawaii State Federal Credit Union-33076		
35	Contract Number*	PO-MAY-2000269		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$9,789,836.42		
38	Contract Date *	05/18/2020		
39	Period of Performance Start Date *	05/18/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	560 Halekauwila St Fl 4		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5085		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Small Business Relief Program		

### Obligations

		51 A	51 B	51 C	51 D	51 E
		Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program		\$0.00	\$9,789,836.42	\$0.00	\$9,789,836.42
<b>Total</b>			\$0.00	\$9,789,836.42	\$0.00	\$9,789,836.42

### Previous Expenditures (All previous quarters)

		52 A	52 B		52 C	52 D	52 E
		Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program		05/18/2020	06/30/2020	\$6,150,000.00	Small Business Assistance	
Line 2	CCHNL20-001 - Small Business Assistance - Small Business Relief Program		07/01/2020	08/31/2020	\$3,593,682.37	Small Business Assistance	
Line 3	CCHNL20-001 - Small Business Assistance - Small Business Relief Program		09/01/2020	09/30/2020	\$46,154.05	Small Business Assistance	
<b>Total:</b>							\$9,789,836.42

### Current Quarter Expenditures

		53 A	53 B		53 C	53 D	53 E	
		Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line					\$0.00			

1							
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 43

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	033170648		Verified
22	Identification Number			
23	Legal Name*	INTER PACIFIC MOTORS, INC.		
24	Address Line 1*	1030 KANOELEHUA AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HILO		
28	State Code*	HI		
29	Zip+4*	96720-5263		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 45

34	Sub-Recipient Organization (Contractor)*	Hawaii USA Federal Credit Union-111020		
35	Contract Number*	PO-MAY-2000270		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$48,447,663.58		
38	Contract Date *	05/18/2020		
39	Period of Performance Start Date *	05/18/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1226 College Walk		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-3946		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Small Business Relief Program		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	\$33,110,163.58	\$48,447,663.58	\$31,778,168.87	\$47,115,668.87
<b>Total</b>		\$33,110,163.58	\$48,447,663.58	\$31,778,168.87	\$47,115,668.87

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	05/18/2020	06/30/2020	\$6,150,000.00	Small Business Assistance	
Line 2	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	07/01/2020	08/31/2020	\$6,562,500.00	Small Business Assistance	
Line 3	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	09/01/2020	09/30/2020	\$2,625,000.00	Small Business Assistance	
<b>Total:</b>						\$15,337,500.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line	CCHNL20-001 -	09/04/2020	10/09/2020	\$17,565,321.94			

<b>1</b>	Small Business Assistance - Small Business Relief Program				Small Business Assistance	
<b>Line 2</b>	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	10/22/2020	11/13/2020	\$5,044,841.64	Small Business Assistance	
<b>Line 3</b>	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	11/13/2020	12/18/2020	\$9,168,005.29	Small Business Assistance	
<b>Total:</b>						\$31,778,168.87

### Sub Screen: Sub-Recipient 44

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	006253124		Verified
22	Identification Number			
23	Legal Name*	TSI, INCORPORATED		
24	Address Line 1*	500 CARDIGAN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SHOREVIEW		
28	State Code*	MN		
29	Zip+4*	55126-3903		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 46

34	Sub-Recipient Organization (Contractor)*	Honolulu Federal Credit Union-VS17652		
35	Contract Number*	PO-MAY-2000271		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$45,525,000.00		
38	Contract Date *	05/18/2020		
39	Period of Performance Start Date *	05/18/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2305 S Beretania St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96826-1432		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Small Business Relief Program		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	\$30,187,500.00	\$45,525,000.00	\$30,277,755.70	\$43,878,052.61
<b>Total</b>		\$30,187,500.00	\$45,525,000.00	\$30,277,755.70	\$43,878,052.61

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	05/18/2020	06/30/2020	\$6,150,000.00	Small Business Assistance	
Line 2	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	07/01/2020	08/31/2020	\$6,084,688.56	Small Business Assistance	
Line 3	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	09/01/2020	09/30/2020	\$1,365,608.35	Small Business Assistance	
<b>Total:</b>						\$13,600,296.91

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line	CCHNL20-001 -	09/09/2020	10/10/2020	\$18,184,625.89			



<b>1</b>	Small Business Assistance - Small Business Relief Program				Small Business Assistance	
<b>Line 2</b>	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	10/11/2020	10/15/2020	\$3,240,077.20	Small Business Assistance	
<b>Line 3</b>	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	10/16/2020	12/16/2020	\$8,853,052.61	Small Business Assistance	
<b>Total:</b>						\$30,277,755.70

### Sub Screen: Sub-Recipient 45

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	097689996		Verified
22	Identification Number			
23	Legal Name*	G P ROADWAY SOLUTIONS, INC.		
24	Address Line 1*	660 MAPUNAPUNA ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-2031		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 47

34	Sub-Recipient Organization (Contractor)*	PWC HAWAII CORPORATION-084548569		
35	Contract Number*	PO-MAY-2000347		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$500,000.00
38	Contract Date *	06/29/2020		
39	Period of Performance Start Date *	07/14/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	550 S King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3006		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Powerwashing in Chinatown (various locations)		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	\$300,000.00	\$500,000.00	\$286,190.56	\$351,530.84
<b>Total</b>		\$300,000.00	\$500,000.00	\$286,190.56	\$351,530.84

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	07/01/2020	08/31/2020	\$32,670.14	Public Health Expenses	
Line 3	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	09/01/2020	09/30/2020	\$32,670.14	Public Health Expenses	
<b>Total:</b>						\$65,340.28

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	09/01/2020	09/30/2020	\$95,396.82	Public Health Expenses		
Line 2	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	10/01/2020	10/31/2020	\$95,396.92	Public Health Expenses		

Line 3	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	11/01/2020	11/30/2020	\$95,396.82	Public Health Expenses		
<b>Total:</b>							\$286,190.56

### Sub Screen: Sub-Recipient 46

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	006927099		Verified
22	Identification Number			
23	Legal Name*	SERVCO PACIFIC INC.		
24	Address Line 1*	2850 PUKOLOA ST STE 300		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-4475		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 48

34	Sub-Recipient Organization (Contractor)*	KOLOB ARCH CAPITAL LLC-117483871		
35	Contract Number*	PO-ESD-2000238		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$325,000.00
38	Contract Date *	04/23/2020		
39	Period of Performance Start Date *	04/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2119 W Woodberry Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lehi		
45	Primary Place of Performance State Code *	UT		
46	Primary Place of Performance Zip+4 *	84043-5002		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			3
50	Contract Description *	KN95 masks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*		Current Quarter Expenditure	Cumulative Expenditure
			Cumulative Obligation*		
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$325,000.00	\$0.00	\$325,000.00
<b>Total</b>		\$0.00	\$325,000.00	\$0.00	\$325,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	06/10/2020	06/10/2020	\$325,000.00	Personal Protective Equipment	
<b>Total:</b>						\$325,000.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 47

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	033214826		Verified
22	Identification Number			
23	Legal Name*	JN GROUP, INC		
24	Address Line 1*	2999 N NIMITZ HWY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-1903		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 49

34	Sub-Recipient Organization (Contractor)*	Hybrid Design LLC-VS0017483		
35	Contract Number*	SP-ESD-2003456		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$99,917.24
38	Contract Date *	04/07/2020		
39	Period of Performance Start Date *	04/07/2020		
40	Period of Performance End Date *	04/08/2020		
41	Primary Place of Performance Address Line 1 *	742 Queen St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5279		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	PPE supplies		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*		Current Quarter Expenditure	Cumulative Expenditure
			Cumulative Obligation*		
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$99,917.24	\$0.00	\$99,917.24
<b>Total</b>		\$0.00	\$99,917.24	\$0.00	\$99,917.24

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	04/08/2020	04/08/2020	\$99,917.24	Personal Protective Equipment	
<b>Total:</b>						\$99,917.24

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00



### Sub Screen: Sub-Recipient 49

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	079670874	Verified
22	Identification Number		
23	Legal Name*	LAFAVE, DAVID J	
24	Address Line 1*	193 DEREK DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KELSO	
28	State Code*	WA	
29	Zip+4*	98626-9020	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 50

34	Sub-Recipient Organization (Contractor)*	Yun Xiaoq Zhang-VS0000017		
35	Contract Number*	PO-ESD_2000251		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$100,252.86		
38	Contract Date *	05/07/2020		
39	Period of Performance Start Date *	05/07/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	808 Sheridan St Ste 101		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-2474		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Furnish and Deliver PPE Supplies		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*		Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$100,252.86	\$0.00	\$100,252.86
<b>Total</b>		\$0.00	\$100,252.86	\$0.00	\$100,252.86

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	05/13/2020	05/13/2020	\$100,252.86	Personal Protective Equipment	
<b>Total:</b>						\$100,252.86

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1				\$0.00		
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 50

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	005094842		Verified
22	Identification Number			
23	Legal Name*	W. S. DARLEY & CO.		
24	Address Line 1*	325 SPRING LAKE DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ITASCA		
28	State Code*	IL		
29	Zip+4*	60143-2072		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	8		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 51

34	Sub-Recipient Organization (Contractor)*	Yun Xiaoq Zhang-VS0000017		
35	Contract Number*	SP-ESD-2003879		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$60,000.00		
38	Contract Date *	05/05/2020		
39	Period of Performance Start Date *	05/05/2020		
40	Period of Performance End Date *	05/13/2020		
41	Primary Place of Performance Address Line 1 *	808 Sheridan St Ste 101		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-2474		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Surgical masks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*		Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$60,000.00	\$0.00	\$60,000.00
<b>Total</b>		\$0.00	\$60,000.00	\$0.00	\$60,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	05/13/2020	05/13/2020	\$60,000.00	Personal Protective Equipment	
<b>Total:</b>						\$60,000.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1				\$0.00		
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 51

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	053579236	Verified
22	Identification Number		
23	Legal Name*	RICOCHET MANUFACTURING CORPORATION	
24	Address Line 1*	4700 WISSAHICKON AVE STE 112	
25	Address Line 2		
26	Address Line 3		
27	City Name*	PHILADELPHIA	
28	State Code*	PA	
29	Zip+4*	19144-4248	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

### Sub Screen: Contractor Name 52

34	Sub-Recipient Organization (Contractor)*	HAWAIIAN HUMANE SOCIETY-077701282		
35	Contract Number*	PO-CSD-2000249		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$118,980.00
38	Contract Date *	05/04/2020		
39	Period of Performance Start Date *	05/04/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	2700 Waiialae Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96826-1806		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Pet sheltering - animal care and control services; COVID-19		

### Obligations

		51 A	51 B	51 C	51 D	51 E
		Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-012 - Shelter for pets of owners exposed to Covid-19		\$0.00	\$118,980.00	\$0.00	\$0.00
<b>Total</b>			\$0.00	\$118,980.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

		52 A	52 B	52 C	52 D	52 E
		Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
<b>Total:</b>						\$0.00

### Current Quarter Expenditures

		53 A	53 B	53 C	53 D	53 E
		Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00		
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 52

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0017707		
23	Legal Name*	Aqua03, LLC		
24	Address Line 1*	1359 Maalahi St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-1728		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 53

34	Sub-Recipient Organization (Contractor)*	J. Kadowaki, Inc.-VS9938		
35	Contract Number*	SP-CSD-2004356		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$51,752.00
38	Contract Date *	06/10/2020		
39	Period of Performance Start Date *	06/10/2020		
40	Period of Performance End Date *	08/01/2020		
41	Primary Place of Performance Address Line 1 *	518 Ahui St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5302		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Manufacture and install sneeze guards for servicing windows		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$51,752.00	\$0.00	\$51,752.00
<b>Total</b>		\$0.00	\$51,752.00	\$0.00	\$51,752.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-010 - Providing Equipment to allow for Social Distancing	07/01/2020	08/31/2020	\$51,752.00	Public Health Expenses	
<b>Total:</b>						\$51,752.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00



### Sub Screen: Sub-Recipient 52

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0000017		
23	Legal Name*	Yun Xiaoq Zhang		
24	Address Line 1*	808 Sheridan St Ste 101		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96814-2474		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 54

34	Sub-Recipient Organization (Contractor)*	RAINBOW CHEVROLET, INC.-069836013		
35	Contract Number*	PO-HPD-2000273		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$623,576.00		
38	Contract Date *	05/20/2020		
39	Period of Performance Start Date *	05/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	711 Ala Moana Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5506		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Furnish and Deliver Eight (8) Isolation Paddy Wagons		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$623,576.00	\$623,576.00	\$623,576.00
<b>Total</b>		\$0.00	\$623,576.00	\$623,576.00	\$623,576.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	08/24/2020	10/07/2020	\$389,735.00	Administrative Expenses		
Line 2	CCHNL20-018 - COVID Response Equipment	10/20/2020	10/20/2020	\$155,894.00	Administrative Expenses		
Line 3	CCHNL20-018 - COVID Response Equipment	10/20/2020	10/20/2020	\$77,947.00	Administrative Expenses		
<b>Total:</b>							\$623,576.00

### Sub Screen: Sub-Recipient 53

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	49410		
23	Legal Name*	Kokua Kalihi Valley (Comprehensive Family Services)		
24	Address Line 1*	2239 N School St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-2539		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 55

34	Sub-Recipient Organization (Contractor)*	WORLD WIDE TECHNOLOGY, LLC-614948396		
35	Contract Number*	PO-HPD-2000267		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$339,325.28
38	Contract Date *	05/28/2020		
39	Period of Performance Start Date *	05/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	55 Merchant St Ste 2810		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-4329		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Furnish and Deliver Cisco Video Conferencing System		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$0.00	\$339,325.28	\$14,618.13	\$339,325.28
<b>Total</b>		\$0.00	\$339,325.28	\$14,618.13	\$339,325.28

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-005 - Improving Telework Capabilities of the City	08/10/2020	08/10/2020	\$86,334.53	Administrative Expenses	
Line 3	CCHNL20-005 - Improving Telework Capabilities of the City	08/25/2020	08/25/2020	\$238,372.62	Administrative Expenses	
<b>Total:</b>						\$324,707.15

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	06/01/2020	09/30/2020	\$14,618.13	Improve Telework Capabilities of Public Employees		
<b>Total:</b>							\$14,618.13

### Sub Screen: Sub-Recipient 54

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	109881003		Verified
22	Identification Number			
23	Legal Name*	WAIKIKI HEALTH		
24	Address Line 1*	277 OHUA AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96815-6612		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 56

34	Sub-Recipient Organization (Contractor)*	GP Roadway Solutions-82954		
35	Contract Number*	PO-HPD-2000280		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$169,150.17
38	Contract Date *	05/28/2020		
39	Period of Performance Start Date *	05/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	660 Mapunapuna St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2031		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Sign Board/Speed Trailer Combos with Accessories 8 Metro Compact Message Board		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$169,150.17	\$169,150.17	\$169,150.17
<b>Total</b>		\$0.00	\$169,150.17	\$169,150.17	\$169,150.17

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	09/16/2020	09/16/2020	\$169,150.17	Administrative Expenses		
<b>Total:</b>							\$169,150.17

### Sub Screen: Sub-Recipient 55

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	94063		
23	Legal Name*	Koolauloa Community Health and Wellness Center, Inc.		
24	Address Line 1*	54-316 Kamehameha Hwy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Hauula		
28	State Code*	HI		
29	Zip+4*	96717-9539		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 57

34	Sub-Recipient Organization (Contractor)*	Orchid Isle Auto Center-107429		
35	Contract Number*	PO-HPD-2000304		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$322,852.22
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	76-6319 Kuakini Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kailua Kona		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96740-3204		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Furnish and Deliver Eight (8) Various Ford Trucks and Vans		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$322,852.22	\$322,852.22	\$322,852.22
<b>Total</b>		\$0.00	\$322,852.22	\$322,852.22	\$322,852.22

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	11/23/2020   11/23/2020	\$322,852.22	Administrative Expenses		
<b>Total:</b>						\$322,852.22



### Sub Screen: Sub-Recipient 56

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	105105		
23	Legal Name*	CLINICAL LABORATORIES OF HAWAII LLP		
24	Address Line 1*	33 Lanihuli St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Hilo		
28	State Code*	HI		
29	Zip+4*	96720-4142		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 58

34	Sub-Recipient Organization (Contractor)*	Mobile Solar-VS0017660		
35	Contract Number*	PO-HPD-2000306		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$141,058.54		
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	6925 Sycamore Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Atascadero		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	93422-4576		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	24		
50	Contract Description *	Furnish and Deliver Mobile Solar Generators with Trailer		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$141,058.54	\$0.00	\$141,058.54
<b>Total</b>		\$0.00	\$141,058.54	\$0.00	\$141,058.54

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-018 - COVID Response Equipment	08/28/2020	08/28/2020	\$70,529.27	Administrative Expenses	
Line 3	CCHNL20-018 - COVID Response Equipment	08/31/2020	08/31/2020	\$70,529.27	Administrative Expenses	
<b>Total:</b>						\$141,058.54

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 58

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	077701282		Verified
22	Identification Number			
23	Legal Name*	HAWAIIAN HUMANE SOCIETY		
24	Address Line 1*	2700 WAIALAE AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96826-1806		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 59

34	Sub-Recipient Organization (Contractor)*	Zumro by Air Shelters USA, LLC-VS0017034		
35	Contract Number*	PO-HPD-2000307		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$829,200.84
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	401 Jacksonville Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Hatboro		
45	Primary Place of Performance State Code *	PA		
46	Primary Place of Performance Zip+4 *	19040-4605		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	Furnish & Deliver Air Shelter Systems w/Various Accessories		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-019 - Provisional Outdoor Screening and Triage (POST)	\$0.00	\$829,200.84	\$829,200.84	\$829,200.84
<b>Total</b>		\$0.00	\$829,200.84	\$829,200.84	\$829,200.84

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-019 - Provisional Outdoor Screening and Triage (POST)	10/19/2020	10/19/2020	\$829,200.84	Public Health Expenses		
<b>Total:</b>						\$829,200.84	

### Sub Screen: Sub-Recipient 59

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	965088057		Verified
22	Identification Number			
23	Legal Name*	UNIVERSITY OF HAWAII SYSTEMS		
24	Address Line 1*	2425 CAMPUS RD SINCLAIR RM 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96822		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input checked="" type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 60

34	Sub-Recipient Organization (Contractor)*	TERRA UNIVERSAL, INC.-031428527		
35	Contract Number*	PO-HPD-2000315		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$197,307.34
38	Contract Date *	06/09/2020		
39	Period of Performance Start Date *	06/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	800 S Raymond Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Fullerton		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	92831-5234		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	39		
50	Contract Description *	HEPA Filtered UV Sterilization Sanitizer Cabinets w/Accessories		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$0.00	\$197,307.34	\$197,307.34	\$197,307.34
<b>Total</b>		\$0.00	\$197,307.34	\$197,307.34	\$197,307.34

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	06/19/2020 09/11/2020	\$197,307.34	Administrative Expenses		
<b>Total:</b>						\$197,307.34

### Sub Screen: Sub-Recipient 60

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	37450		
23	Legal Name*	Aloha Pacific Federal Union		
24	Address Line 1*	832 S Hotel St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-2573		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input checked="" type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Contractor Name 61

34	Sub-Recipient Organization (Contractor)*	Armstrong Building Maintenance & Supply Inc. of Hawaii-VC0006728		
35	Contract Number*	SP-HPD-2004339		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$73,145.21
38	Contract Date *	06/09/2020		
39	Period of Performance Start Date *	06/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1012 Piikoi St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-1955		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Clorox cleaning supplies		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$73,145.21	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$73,145.21	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00



### Sub Screen: Sub-Recipient 61

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	33076	
23	Legal Name*	Hawaii State Federal Credit Union	
24	Address Line 1*	560 Halekauwila St Fl 4	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96813-5085	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 62

34	Sub-Recipient Organization (Contractor)*	Curtis Blue Line-18727		
35	Contract Number*	PO-HPD-2000324		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$813,445.96
38	Contract Date *	06/10/2020		
39	Period of Performance Start Date *	06/10/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	4647 S 33rd St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Phoenix		
45	Primary Place of Performance State Code *	AZ		
46	Primary Place of Performance Zip+4 *	85040-2850		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	Furnish and Deliver SCBA Sets and APR Masks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$813,445.96	\$811,351.72	\$811,351.72
<b>Total</b>		\$0.00	\$813,445.96	\$811,351.72	\$811,351.72

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	12/18/2020	12/18/2020	\$1,570.68	Administrative Expenses		
Line 2	CCHNL20-018 - COVID Response Equipment	11/25/2020	11/25/2020	\$36,439.84	Personal Protective Equipment		
Line 3	CCHNL20-018 - COVID Response Equipment	11/25/2020	11/25/2020	\$773,341.20	Personal Protective Equipment		
<b>Total:</b>						\$811,351.72	

### Sub Screen: Sub-Recipient 62

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	111020		
23	Legal Name*	Hawaii USA Federal Credit Union		
24	Address Line 1*	1226 College Walk		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-3946		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input checked="" type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 63

34	Sub-Recipient Organization (Contractor)*	CMI, INC.-054315825		
35	Contract Number*	SP-HPD-2004744		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$75,836.18		
38	Contract Date *	06/29/2020		
39	Period of Performance Start Date *	06/29/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2090 Reliable Parkway		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chicago		
45	Primary Place of Performance State Code *	IL		
46	Primary Place of Performance Zip+4 *	60686-0001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	Intoxilyzer I9000 with mouth pieces and keyboards		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$75,836.18	\$0.00	\$75,836.18
<b>Total</b>		\$0.00	\$75,836.18	\$0.00	\$75,836.18

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
Line 2	CCHNL20-018 - COVID Response Equipment	07/30/2020	07/30/2020	\$75,836.18	Administrative Expenses	
<b>Total:</b>						\$75,836.18

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 63

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS17652		
23	Legal Name*	Honolulu Federal Credit Union		
24	Address Line 1*	2305 S Beretania St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96826-1432		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input checked="" type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 64

34	Sub-Recipient Organization (Contractor)*	T & L Hawaiian Wear, Inc-VC0011978		
35	Contract Number*	PO-BFS-2000235		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$81,675.36
38	Contract Date *	04/16/2020		
39	Period of Performance Start Date *	04/16/2020		
40	Period of Performance End Date *	05/12/2020		
41	Primary Place of Performance Address Line 1 *	614 Cooke St Ste 104		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5251		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			1
50	Contract Description *	Cloth Face Mask		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	\$0.00	\$81,675.36	\$0.00	\$81,675.36
<b>Total</b>		\$0.00	\$81,675.36	\$0.00	\$81,675.36

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	05/12/2020	05/12/2020	\$81,675.36	Personal Protective Equipment	
<b>Total:</b>						\$81,675.36

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 64

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	084548569	Verified
22	Identification Number		
23	Legal Name*	PWC HAWAII CORPORATION	
24	Address Line 1*	910 HONOAPIILANI HWY STE A3	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LAHAINA	
28	State Code*	HI	
29	Zip+4*	96761-1587	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 65

34	Sub-Recipient Organization (Contractor)*	BE WELL HAWAII OHANA, LLC-117501687		
35	Contract Number*	SP-ESD-2003793		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$57,445.00		
38	Contract Date *	04/28/2020		
39	Period of Performance Start Date *	04/28/2020		
40	Period of Performance End Date *	05/12/2020		
41	Primary Place of Performance Address Line 1 *	1221 Kapiolani Blvd Ste 940		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-3502		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Provide PPE Supplies		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$57,445.00	\$0.00	\$57,445.00
<b>Total</b>		\$0.00	\$57,445.00	\$0.00	\$57,445.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	04/28/2020	05/12/2020	\$57,445.00	Personal Protective Equipment	
<b>Total:</b>						\$57,445.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00



### Sub Screen: Sub-Recipient 65

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0017483		
23	Legal Name*	Hybrid Design LLC		
24	Address Line 1*	742 Queen St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-5279		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 67

34	Sub-Recipient Organization (Contractor)*	ATKINS NORTH AMERICA, INC.-804178361		
35	Contract Number*	PO-DEM-2100003		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,463,383.61		
38	Contract Date *	07/09/2020		
39	Period of Performance Start Date *	07/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	350 David L Boren Blvd Ste 1510		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Norman		
45	Primary Place of Performance State Code *	OK		
46	Primary Place of Performance Zip+4 *	73072-7162		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	EP #1203 - Best Available Refuge Area Assessment		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-025 - Disaster Refuge Area Assessment Due to COVID-19	\$0.00	\$1,463,383.61	\$463,399.21	\$704,073.98
<b>Total</b>		\$0.00	\$1,463,383.61	\$463,399.21	\$704,073.98

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-025 - Disaster Refuge Area Assessment Due to COVID-19	08/27/2020	08/27/2020	\$204,115.05	Public Health Expenses	
Line 2	CCHNL20-025 - Disaster Refuge Area Assessment Due to COVID-19	09/16/2020	09/16/2020	\$36,559.72	Public Health Expenses	
<b>Total:</b>						\$240,674.77

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-025 - Disaster Refuge Area Assessment Due to COVID-19	09/01/2020	09/30/2020	\$190,883.75	Public Health Expenses		
Line 2	CCHNL20-025 - Disaster Refuge Area Assessment Due to COVID-19	07/10/2020	12/11/2020	\$272,515.46	Public Health Expenses		
<b>Total:</b>							\$463,399.21



### Sub Screen: Sub-Recipient 66

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117483871		Verified
22	Identification Number			
23	Legal Name*	KOLOB ARCH CAPITAL LLC		
24	Address Line 1*	2119 WOODBERRY DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LEHI		
28	State Code*	UT		
29	Zip+4*	84043-5002		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	3		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 67

34	Sub-Recipient Organization (Contractor)*	W. W. GRAINGER, INC.-005103494		
35	Contract Number*	DO-ESD-2100082		
36	Contract Type*	Delivery Order		
37	Contract Amount*			\$66,848.14
38	Contract Date *	07/14/2020		
39	Period of Performance Start Date *	07/14/2020		
40	Period of Performance End Date *	12/03/2020		
41	Primary Place of Performance Address Line 1 *	2833 Paa St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-4406		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	EP 1230, Item #52LC52, Liquid Disinfectant		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	-\$123,727.70	\$66,848.14	\$28,146.58	\$28,146.58
<b>Total</b>		-\$123,727.70	\$66,848.14	\$28,146.58	\$28,146.58

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/19/2020	11/19/2020	\$28,146.58	Public Health Expenses		
<b>Total:</b>						\$28,146.58	

### Sub Screen: Sub-Recipient 67

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117501687		Verified
22	Identification Number			
23	Legal Name*	BE WELL HAWAII OHANA, LLC		
24	Address Line 1*	1221 KAPIOLANI BLVD STE 940		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96814-3502		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 68

34	Sub-Recipient Organization (Contractor)*	Jill Sachie Minami Omori-VS0012719		
35	Contract Number*	DO-ESD-2100418		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$56,000.00		
38	Contract Date *	08/27/2020		
39	Period of Performance Start Date *	08/27/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	95-390 Kuahelani Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Mililani		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96789-1192		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	E.P. No. 1398 IDDO for the City during COVID-19		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*		Current Quarter Expenditure	Cumulative Expenditure
			Cumulative Obligation*		
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$0.00	\$56,000.00	\$28,000.00	\$42,000.00
<b>Total</b>		\$0.00	\$56,000.00	\$28,000.00	\$42,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/10/2020	09/10/2020	\$14,000.00	COVID-19 Testing and Contact Tracing	
<b>Total:</b>						\$14,000.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	10/01/2020	10/31/2020	\$14,000.00	COVID-19 Testing and Contact Tracing		
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	11/01/2020	11/30/2020	\$14,000.00	COVID-19 Testing and Contact Tracing		
<b>Total:</b>							\$28,000.00

### Sub Screen: Sub-Recipient 69

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS9938		
23	Legal Name*	J. Kadowaki, Inc.		
24	Address Line 1*	518 Ahui St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-5302		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



### Sub Screen: Contractor Name 70

34	Sub-Recipient Organization (Contractor)*	BRAUN NORTHWEST, INC.-151474392		
35	Contract Number*	PO-ESD-2100045		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$565,111.82		
38	Contract Date *	08/06/2020		
39	Period of Performance Start Date *	08/06/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	150 Northstar Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chehalis		
45	Primary Place of Performance State Code *	WA		
46	Primary Place of Performance Zip+4 *	98532-8799		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	EP 1176, Ambulances		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$565,111.82	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$565,111.82	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 68

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VC0011978		
23	Legal Name*	T & L Hawaiian Wear, Inc		
24	Address Line 1*	614 Cooke St Ste 104		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-5251		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 71

34	Sub-Recipient Organization (Contractor)*	STRYKER CORPORATION-187502109		
35	Contract Number*	PO-ESD-2100054		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,133,184.93		
38	Contract Date *	08/11/2020		
39	Period of Performance Start Date *	08/11/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2825 Airview Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portage		
45	Primary Place of Performance State Code *	MI		
46	Primary Place of Performance Zip+4 *	49002-1802		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	E.P. No. 1333 - Adult Masimo Disposable SpO2 Sensor E.P. No. 1333 - Pediatric Masimo Disposable SpO2 Sensor		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	-\$2,277.22	\$1,133,184.93	\$1,133,184.93	\$1,133,184.93
<b>Total</b>		-\$2,277.22	\$1,133,184.93	\$1,133,184.93	\$1,133,184.93

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	10/22/2020	10/22/2020	\$1,133,184.93	Medical Expenses		
<b>Total:</b>						\$1,133,184.93	

### Sub Screen: Sub-Recipient 69

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	82954		
23	Legal Name*	GP Roadway Solutions		
24	Address Line 1*	660 Mapunapuna St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-2031		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 72

34	Sub-Recipient Organization (Contractor)*	BRAUN NORTHWEST, INC.-151474392		
35	Contract Number*	PO-ESD-2100080		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$381,377.86
38	Contract Date *	08/24/2020		
39	Period of Performance Start Date *	08/24/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	150 Northstar Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chehalis		
45	Primary Place of Performance State Code *	WA		
46	Primary Place of Performance Zip+4 *	98532-8799		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			3
50	Contract Description *	EP 1176, Ambulances		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$381,377.86	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$381,377.86	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 70

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	107429		
23	Legal Name*	Orchid Isle Auto Center		
24	Address Line 1*	1030 Kanoelehua Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Hilo		
28	State Code*	HI		
29	Zip+4*	96720-5263		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 73

34	Sub-Recipient Organization (Contractor)*	BOUND TREE MEDICAL, LLC-070556204		
35	Contract Number*	PO-ESD-2100084		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$232,500.00
38	Contract Date *	08/26/2020		
39	Period of Performance Start Date *	08/26/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2237 N Plaza Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Visalia		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	93291-9358		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	22		
50	Contract Description *	E.P. No. 1383 - Lightweight PPE Blue Gowns		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$232,500.00	\$0.00	\$232,500.00
<b>Total</b>		\$0.00	\$232,500.00	\$0.00	\$232,500.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/22/2020	09/22/2020	\$232,500.00	Personal Protective Equipment	
<b>Total:</b>						\$232,500.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 71

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0017660		
23	Legal Name*	Mobile Solar		
24	Address Line 1*	6925 Sycamore Rd Ste B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Atascadero		
28	State Code*	CA		
29	Zip+4*	93422-4578		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	24		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



### Sub Screen: Contractor Name 74

34	Sub-Recipient Organization (Contractor)*	CUTTER FORD, INC.-066282120		
35	Contract Number*	PO-HFD-210001		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$405,062.12		
38	Contract Date *	07/07/2020		
39	Period of Performance Start Date *	07/07/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	98-015 Kamehameha Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Aiea		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96701-4906		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	RRV: 2019 Ford F250 Crewcab 2WD		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$405,062.12	\$0.00	\$405,062.12
<b>Total</b>		\$0.00	\$405,062.12	\$0.00	\$405,062.12

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	08/03/2020	08/03/2020	\$405,062.12	Administrative Expenses	
<b>Total:</b>						\$405,062.12

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 72

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS0017034	
23	Legal Name*	Zumro by Air Shelters USA, LLC	
24	Address Line 1*	PO BOX 667227	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pompano Beach	
28	State Code*	FL	
29	Zip+4*	33066-7227	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	20	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 75

34	Sub-Recipient Organization (Contractor)*	HARMER RADIO AND ELECTRONICS, INC.-182003962		
35	Contract Number*	PO-HFD-210034		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$282,198.84		
38	Contract Date *	07/30/2020		
39	Period of Performance Start Date *	07/30/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	300 Hoohana St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kahului		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96732-2966		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	HFD Rapid Response Vehicles - Emergency Response Install		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$282,198.84	\$282,198.84	\$282,198.84
<b>Total</b>		\$0.00	\$282,198.84	\$282,198.84	\$282,198.84

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	12/07/2020	12/07/2020	\$282,198.84	Administrative Expenses		
<b>Total:</b>						\$282,198.84	

### Sub Screen: Sub-Recipient 73

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VC0006728		
23	Legal Name*	Armstrong Building Maintenance & Supply Inc. of Hawaii		
24	Address Line 1*	1150 S King St Ste 501		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96814-1952		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Sub-Recipient 74

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	18727		
23	Legal Name*	Curtis Blue Line		
24	Address Line 1*	185 Lennon Ln		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Walnut Creek		
28	State Code*	CA		
29	Zip+4*	94598-2549		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	11		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 76

34	Sub-Recipient Organization (Contractor)*	Williams Boot & Glove Dryers Inc.-VS0017843		
35	Contract Number*	PO-HFD-2100057		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$154,500.00		
38	Contract Date *	08/24/2020		
39	Period of Performance Start Date *	08/24/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	Po Box 3125 stn lcd1		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Langley		
45	Primary Place of Performance State Code *	BC		
46	Primary Place of Performance Zip+4 *	V3A 4R5		Not Verified
47	Primary Place of Performance Country Name *	Canada		
48	Primary Place of Performance Country Code *	CAN		
49	Primary Place of Performance Congressional District *			
50	Contract Description *	E.P. No. 1342 32 Williams Direct PPC Dryers		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$154,500.00	\$154,500.00	\$154,500.00
<b>Total</b>		\$0.00	\$154,500.00	\$154,500.00	\$154,500.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	10/09/2020	10/09/2020	\$154,500.00	Personal Protective Equipment		
<b>Total:</b>						\$154,500.00	

### Sub Screen: Contractor Name 77

34	Sub-Recipient Organization (Contractor)*	CleanSlate Technologies Incorporated-VS0017851		
35	Contract Number*	PO-HFD-2100062		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$318,979.31
38	Contract Date *	08/24/2020		
39	Period of Performance Start Date *	08/24/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1170 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Buffalo		
45	Primary Place of Performance State Code *	NY		
46	Primary Place of Performance Zip+4 *	14209-2380		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			26
50	Contract Description *	Provide 46 CleanSlate UV Sanitizers		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*		Current Quarter Expenditure	Cumulative Expenditure
			Cumulative Obligation*		
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$318,979.31	\$0.00	\$318,979.31
<b>Total</b>		\$0.00	\$318,979.31	\$0.00	\$318,979.31

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/25/2020	09/25/2020	\$318,979.31	Personal Protective Equipment	
<b>Total:</b>						\$318,979.31

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 75

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VC0005597	
23	Legal Name*	Harmer Radio and Electronics, Inc.	
24	Address Line 1*	300 Hoohana St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kahului	
28	State Code*	HI	
29	Zip+4*	96732-2966	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	



### Sub Screen: Contractor Name 78

34	Sub-Recipient Organization (Contractor)*	WALTZ ENGINEERING, INC.-156853269		
35	Contract Number*	PO-HFD-2100064		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$575,250.00		
38	Contract Date *	08/24/2020		
39	Period of Performance Start Date *	08/24/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	500 Alakawa St Rm 119		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-4576		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	PPC, Washer/Extractors COVID-19		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$575,250.00	\$575,250.00	\$575,250.00
<b>Total</b>		\$0.00	\$575,250.00	\$575,250.00	\$575,250.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/20/2020	11/20/2020	\$575,250.00	Personal Protective Equipment		
<b>Total:</b>						\$575,250.00	

### Sub Screen: Sub-Recipient 76

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS0017843	
23	Legal Name*	Williams Boot & Glove Dryers Inc.	
24	Address Line 1*	PO Box 3125 STN LCD1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Langley	
28	State Code*	BC	
29	Zip+4*	V3A 4R5	Not Verified
30	Country Name*	Canada	
31	Country Code*	CAN	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 79

34	Sub-Recipient Organization (Contractor)*	ALOHA HARVEST-031106625		
35	Contract Number*	PO-DCS-2100081		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,000,000.00		
38	Contract Date *	08/26/2020		
39	Period of Performance Start Date *	08/26/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3599 Waiialae Ave Ste 23		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96816-2759		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	The contractor host community-based food distributions throughout Oahu. The Project will source food ingredients through local farmers, grocers, wholesalers, and other businesses to supplement existing food rescue operations to address the economic crisis and food insecurity brought about as a result of the COVID-19 crisis.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	\$700,000.00	\$1,000,000.00	\$645,520.00	\$645,520.00
<b>Total</b>		\$700,000.00	\$1,000,000.00	\$645,520.00	\$645,520.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-003 - Food Assistance	08/26/2020	08/26/2020	\$120,720.00	Food Programs		
Line 2	CCHNL20-003 - Food Assistance	08/26/2020	12/30/2020	\$246,400.00	Food Programs		
Line 3	CCHNL20-003 - Food Assistance	08/26/2020	12/30/2020	\$278,400.00	Small Business Assistance		
<b>Total:</b>							\$645,520.00

### Sub Screen: Sub-Recipient 77

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS0017851	
23	Legal Name*	CleanSlate Technologies Incorporated	
24	Address Line 1*	1170 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Buffalo	
28	State Code*	NY	
29	Zip+4*	14209-2380	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	26	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Sub-Recipient 78

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	156853269		Verified
22	Identification Number			
23	Legal Name*	WALTZ ENGINEERING, INC.		
24	Address Line 1*	500 ALAKAWA ST BLDG 119		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-4576		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 81

34	Sub-Recipient Organization (Contractor)*	HAWAII UNIFIED INDUSTRIES, LLC-963191072		
35	Contract Number*	PO-DTS-2100042		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$0.00
38	Contract Date *	08/07/2020		
39	Period of Performance Start Date *	08/07/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	811 Middle St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2343		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Dry fog disinfecting of OTS facilities once every 90 days		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	-\$128,146.12	\$0.00	\$0.00	\$0.00
<b>Total</b>		-\$128,146.12	\$0.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 79

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0012719		
23	Legal Name*	Jill Sachie Minami Omori		
24	Address Line 1*	95-390 Kuahelani Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Mililani		
28	State Code*	HI		
29	Zip+4*	96789-1192		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 82

34	Sub-Recipient Organization (Contractor)*	H2O Systems, LLC-104672		
35	Contract Number*	PO-DTS-2000222		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$3,494,570.45		
38	Contract Date *	03/01/2020		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	811 Middle St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2343		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Frequent immediate and regular disinfection of buses & vans		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	\$2,073,570.45	\$3,494,570.45	\$2,348,688.00	\$2,589,694.45
<b>Total</b>		\$2,073,570.45	\$3,494,570.45	\$2,348,688.00	\$2,589,694.45

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	08/25/2020	09/30/2020	\$241,006.45	Public Health Expenses	
<b>Total:</b>						\$241,006.45

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	09/01/2020	09/30/2020	\$286,076.00	Public Health Expenses		
Line	CCHNL20-008 -	10/01/2020	10/15/2020	\$143,038.00			



2	Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment				Public Health Expenses	
Line 3	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	03/01/2020	11/30/2020	\$1,919,574.00	Public Health Expenses	
<b>Total:</b>				\$2,348,688.00		

### Sub Screen: Contractor Name 83

34	Sub-Recipient Organization (Contractor)*	INSIGHT PUBLIC SECTOR, INC.-827968483		
35	Contract Number*	DO-DIT-2100380		
36	Contract Type*	Delivery Order		
37	Contract Amount*			\$682,030.64
38	Contract Date *	08/24/2020		
39	Period of Performance Start Date *	08/24/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	650 S King St		
42	Primary Place of Performance Address Line 2	6th Floor		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3078		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Upgrade cyber security software appliance Q Radar. Adding licenses to be able to collect date from more log sources.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	-\$4,811.48	\$682,030.64	\$682,030.64	\$682,030.64
<b>Total</b>		-\$4,811.48	\$682,030.64	\$682,030.64	\$682,030.64

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	08/24/2020	08/31/2020	\$682,030.64	Improve Telework Capabilities of Public Employees		
<b>Total:</b>						\$682,030.64	

### Sub Screen: Sub-Recipient 80

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	021592998		Verified
22	Identification Number			
23	Legal Name*	APPLIED COMPUTER TRAINING & TECHNOLOGY, INC		
24	Address Line 1*	98 030 HEKAHA ST STE 29		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AIEA		
28	State Code*	HI		
29	Zip+4*	96701-4911		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Sub-Recipient 81

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	879265247		Verified
22	Identification Number			
23	Legal Name*	HAWAII COMMUNITY REINVESTMENT CORPORATION		
24	Address Line 1*	3465 WAIALAE AVE STE 393		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96816-2663		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 84

34	Sub-Recipient Organization (Contractor)*	WORLD WIDE TECHNOLOGY, LLC-614948396		
35	Contract Number*	DO-DIT-2100404		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$516,660.64		
38	Contract Date *	08/27/2020		
39	Period of Performance Start Date *	08/27/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	650 S King St		
42	Primary Place of Performance Address Line 2	6th Floor		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3078		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Remote worker servers		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$0.00	\$516,660.64	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$516,660.64	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 84

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	827968483		Verified
22	Identification Number			
23	Legal Name*	INSIGHT PUBLIC SECTOR, INC.		
24	Address Line 1*	22425 E APPLEWAY BLVD STE 2		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LIBERTY LAKE		
28	State Code*	WA		
29	Zip+4*	99019-8508		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 85

34	Sub-Recipient Organization (Contractor)*	Hawaii Community Foundation-VS17771		
35	Contract Number*	PO-DCS-2000334		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$37,600,000.00		
38	Contract Date *	05/11/2020		
39	Period of Performance Start Date *	05/11/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	827 Fort Street Mall		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-4317		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	HCF Omnibus Fund for programs and services to vulnerable populations. To manage and award contracts for \$17.6M to organizations to provide services to vulnerable populations as defined by the City.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-024 - Hawaii Community Foundation (HCG) Omnibus Fund	\$20,000,000.00	\$37,600,000.00	\$26,133,042.62	\$35,725,223.70
<b>Total</b>		\$20,000,000.00	\$37,600,000.00	\$26,133,042.62	\$35,725,223.70

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-024 - Hawaii Community Foundation (HCG) Omnibus Fund	08/24/2020	08/31/2020	\$8,800,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	CCHNL20-024 - Hawaii Community Foundation (HCG) Omnibus Fund	09/01/2020	09/30/2020	\$792,181.08	Economic Support (Other than Small Business, Housing, and Food Assistance)	
<b>Total:</b>						\$9,592,181.08

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-024 - Hawaii Community Foundation (HCG) Omnibus Fund	09/01/2020	10/14/2020	\$13,842,001.37	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Line 2	CCHNL20-024 - Hawaii Community	10/24/2020	11/09/2020	\$1,423,409.35	Economic Support (Other		

	Foundation (HCG) Omnibus Fund				than Small Business, Housing, and Food Assistance)	
<b>Line 3</b>	CCHNL20-024 - Hawaii Community Foundation (HCG) Omnibus Fund	05/11/2020	12/30/2020	\$10,867,631.90	Economic Support (Other than Small Business, Housing, and Food Assistance)	
<b>Total:</b>				\$26,133,042.62		



### Sub Screen: Sub-Recipient 85

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS17771		
23	Legal Name*	Hawaii Community Foundation		
24	Address Line 1*	827 Fort Street Mall		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-4317		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Contractor Name 87

34	Sub-Recipient Organization (Contractor)*	HCI 415 Nahua Owner LP-VS18002		
35	Contract Number*	PO-DLM-2100083		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,683,282.05		
38	Contract Date *	08/21/2020		
39	Period of Performance Start Date *	08/21/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	415 Nahua St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96815-2949		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Lease of Pearl Hotel Waikiki Beach - CV19 quarantine station		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-011 - Leasing office space/ properties to allow for Social Distancing	-\$23,905.95	\$1,683,282.05	\$1,303,914.05	\$1,683,282.05
<b>Total</b>		-\$23,905.95	\$1,683,282.05	\$1,303,914.05	\$1,683,282.05

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-011 - Leasing office space/ properties to allow for Social Distancing	08/21/2020	08/31/2020	\$379,368.00	Public Health Expenses	
<b>Total:</b>						\$379,368.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-011 - Leasing office space/ properties to allow for Social Distancing	09/02/2020	10/20/2020	\$387,305.94	Public Health Expenses		
Line 2	CCHNL20-011 - Leasing office space/ properties to allow for Social Distancing	10/20/2020	12/30/2020	\$916,608.11	Public Health Expenses		
<b>Total:</b>							\$1,303,914.05

### Sub Screen: Sub-Recipient 86

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS18002		
23	Legal Name*	HCI 415 Nahua Owner LP		
24	Address Line 1*	415 Nahua St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96815-2949		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 88

34	Sub-Recipient Organization (Contractor)*	Anthology Marketing Group, Inc.-VS12568		
35	Contract Number*	PO-MAY-2100006		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$3,269,000.00
38	Contract Date *	07/14/2020		
39	Period of Performance Start Date *	07/14/2020		
40	Period of Performance End Date *	12/28/2020		
41	Primary Place of Performance Address Line 1 *	1003 Bishop St Fl 9		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-6400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Public services announcement campaign to communicate the importance to continue practicing wearing masks, social distancing, avoiding large gatherings, etc. due to COVID-19		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	\$1,283,000.00	\$3,269,000.00	\$1,751,994.05	\$1,990,126.88
<b>Total</b>		\$1,283,000.00	\$3,269,000.00	\$1,751,994.05	\$1,990,126.88

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	07/14/2020	08/31/2020	\$66,898.50	Public Health Expenses	
Line 2	CCHNL20-013 - Communication/enforcement of public health orders	09/01/2020	09/30/2020	\$171,234.33	Public Health Expenses	
<b>Total:</b>						\$238,132.83

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	08/01/2020	09/30/2020	\$510,571.85	Public Health Expenses		
Line 2	CCHNL20-013 - Communication/enforcement of	10/11/2020	11/07/2020	\$632,900.94	Public Health Expenses		

	public health orders					
<b>Line</b> 3	CCHNL20-013 - Communication/ enforcement of public health orders	09/01/2020	12/21/2020	\$608,521.26	Public Health Expenses	
<b>Total:</b>						\$1,751,994.05

### Sub Screen: Contractor Name 89

34	Sub-Recipient Organization (Contractor)*	HAWAII LONGLINE ASSOCIATION-361477024		
35	Contract Number*	PO-MAY-2100047		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,585,000.00		
38	Contract Date *	07/07/2020		
39	Period of Performance Start Date *	07/07/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1131 N Nimitz Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-4522		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Fish to Dish - Hawaii Longline Association. For the purpose of reimbursing Hawaii longline vessels for trip expenses to ensure continued fish supply and to support local food security during COVID-19.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	-\$95,000.00	\$1,585,000.00	\$420,000.00	\$1,585,000.00
<b>Total</b>		-\$95,000.00	\$1,585,000.00	\$420,000.00	\$1,585,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-003 - Food Assistance	07/07/2020	08/02/2020	\$500,000.00	Small Business Assistance	
Line 2	CCHNL20-003 - Food Assistance	08/03/2020	08/31/2020	\$665,000.00	Small Business Assistance	
<b>Total:</b>						\$1,165,000.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-003 - Food Assistance	09/30/2020	09/30/2020	\$305,000.00	Small Business Assistance		
Line 2	CCHNL20-003 - Food Assistance	07/10/2020	09/14/2020	\$130,000.00	Small Business Assistance		
Line 3	CCHNL20-003 - Food Assistance	12/30/2020	12/30/2020	-\$15,000.00	Small Business Assistance		
<b>Total:</b>							\$420,000.00

### Sub Screen: Sub-Recipient 87

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS12568	
23	Legal Name*	Anthology Marketing Group, Inc.	
24	Address Line 1*	1003 Bishop St	
25	Address Line 2	9th Floor	
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96813-6400	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 90

34	Sub-Recipient Organization (Contractor)*	HAWAII SEAFOOD COUNCIL-828648712		
35	Contract Number*	PO-MAY-2100048		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$660,000.00		
38	Contract Date *	07/07/2020		
39	Period of Performance Start Date *	07/07/2020		
40	Period of Performance End Date *	12/18/2020		
41	Primary Place of Performance Address Line 1 *	1130 N Nimitz Hwy Rm A263		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-5784		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Distribution of locally caught fish - In an effort to provide fresh fish to Honolulu kupuna (senior citizens), families, and others facing hunger and in need of food support that have been directly affected by the impact of COVID-19,		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	\$0.00	\$660,000.00	\$466,347.03	\$630,611.43
<b>Total</b>		\$0.00	\$660,000.00	\$466,347.03	\$630,611.43

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-003 - Food Assistance	07/07/2020	09/12/2020	\$164,264.40	Food Programs	
<b>Total:</b>						\$164,264.40

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-003 - Food Assistance	09/13/2020	10/10/2020	\$169,798.88	Food Programs		
Line 2	CCHNL20-003 - Food Assistance	10/11/2020	11/07/2020	\$232,661.94	Food Programs		
Line 3	CCHNL20-003 - Food Assistance	11/08/2020	11/21/2020	\$63,886.21	Food Programs		
<b>Total:</b>							\$466,347.03



### Sub Screen: Sub-Recipient 88

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	361477024		Verified
22	Identification Number			
23	Legal Name*	HAWAII LONGLINE ASSOCIATION		
24	Address Line 1*	1131 N NIMITZ HWY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-4522		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Sub-Recipient 89

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	828648712		Verified
22	Identification Number			
23	Legal Name*	HAWAII SEAFOOD COUNCIL		
24	Address Line 1*	1130 N NIMITZ HWY STE A-263		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-5784		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 89

34	Sub-Recipient Organization (Contractor)*	Safepro Inc.-VS0000459		
35	Contract Number*	PO-HPD-2100014		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$123,718.50
38	Contract Date *	07/23/2020		
39	Period of Performance Start Date *	07/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 700368		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kapolei		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96709-0368		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	COVERALL		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$123,718.50	\$48,456.00	\$62,786.50
<b>Total</b>		\$0.00	\$123,718.50	\$48,456.00	\$62,786.50

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	08/03/2020	08/03/2020	\$2,481.50	Personal Protective Equipment	
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	08/13/2020	08/13/2020	\$1,725.00	Personal Protective Equipment	
Line 3	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/03/2020	09/03/2020	\$2,441.50	Personal Protective Equipment	
Line 4	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/30/2020	09/30/2020	\$7,682.50	Personal Protective Equipment	
<b>Total:</b>						\$14,330.50

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line	CCHNL20-006 -	09/01/2020	10/20/2020	\$14,116.00			

<b>1</b>	Providing PPE for Frontliners (HPD, HFD, ESD)				Personal Protective Equipment	
<b>Line 2</b>	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/18/2020	11/18/2020	\$6,480.00	Personal Protective Equipment	
<b>Line 3</b>	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/09/2020	11/09/2020	\$5,355.00	Personal Protective Equipment	
<b>Line 4</b>	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/17/2020	11/17/2020	\$7,655.00	Personal Protective Equipment	
<b>Line 5</b>	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/30/2020	11/30/2020	\$7,655.00	Personal Protective Equipment	
<b>Line 6</b>	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	12/21/2020	12/21/2020	\$5,355.00	Personal Protective Equipment	
<b>Line 7</b>	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	12/21/2020	12/21/2020	\$1,840.00	Personal Protective Equipment	
<b>Total:</b>						\$48,456.00

### Sub Screen: Contractor Name 90

34	Sub-Recipient Organization (Contractor)*	DAILEY AND WELLS COMMUNICATIONS, INC.-010551315		
35	Contract Number*	PO-HPD-2100024		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$533,400.00
38	Contract Date *	07/30/2020		
39	Period of Performance Start Date *	07/30/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3440 E Houston St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	San Antonio		
45	Primary Place of Performance State Code *	TX		
46	Primary Place of Performance Zip+4 *	78219-3814		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			35
50	Contract Description *	Harris XL-200P portable w/batteries, charges		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$533,400.00	\$0.00	\$530,400.00
<b>Total</b>		\$0.00	\$533,400.00	\$0.00	\$530,400.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-018 - COVID Response Equipment	08/25/2020	08/25/2020	\$530,400.00	Administrative Expenses	
<b>Total:</b>						\$530,400.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 91

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0000459		
23	Legal Name*	Safepro Inc.		
24	Address Line 1*	PO BOX 700368		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kapolei		
28	State Code*	HI		
29	Zip+4*	96709-0368		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 91

34	Sub-Recipient Organization (Contractor)*	CATALYST COMMUNICATIONS TECHNOLOGIES, INC.-134829642		
35	Contract Number*	PO-HPD-2100025		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$235,614.00
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2107 Graves Mill Rd Ste D		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Forest		
45	Primary Place of Performance State Code *	VA		
46	Primary Place of Performance Zip+4 *	24551-4293		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Incident Commander Element Vehicular Repeater		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$0.00	\$235,614.00	\$235,614.00	\$235,614.00
<b>Total</b>		\$0.00	\$235,614.00	\$235,614.00	\$235,614.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	06/02/2020	11/10/2020	\$235,614.00	Improve Telework Capabilities of Public Employees		
<b>Total:</b>						\$235,614.00	

### Sub Screen: Sub-Recipient 92

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0017892		
23	Legal Name*	DB Oregon Group LLC		
24	Address Line 1*	40 E Broadway Ste 150		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Eugene		
28	State Code*	OR		
29	Zip+4*	97401-3153		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



### Sub Screen: Contractor Name 92

34	Sub-Recipient Organization (Contractor)*	SURFACIDE, LLC-069075947		
35	Contract Number*	PO-HPD-2100026		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,093,111.60		
38	Contract Date *	07/31/2020		
39	Period of Performance Start Date *	07/31/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	407 Pilot Ct Ste 200		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waukesha		
45	Primary Place of Performance State Code *	WI		
46	Primary Place of Performance Zip+4 *	53188-2466		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	Triple Emitter UV-C System tablet software, sensor		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$1,093,111.60	\$1,093,111.60	\$1,093,111.60
<b>Total</b>		\$0.00	\$1,093,111.60	\$1,093,111.60	\$1,093,111.60

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	10/19/2020	10/19/2020	\$1,093,111.60	Administrative Expenses		
<b>Total:</b>						\$1,093,111.60	

### Sub Screen: Sub-Recipient 93

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0011642		
23	Legal Name*	Gordon Truck Centers, Inc.		
24	Address Line 1*	91-265 Kalaeloa Blvd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kapolei		
28	State Code*	HI		
29	Zip+4*	96707-1817		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 93

34	Sub-Recipient Organization (Contractor)*	DB Oregon Group LLC-VS0017892		
35	Contract Number*	PO-HPD-2100033		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$140,959.00
38	Contract Date *	07/29/2020		
39	Period of Performance Start Date *	07/29/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	685 Sand Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Eugene		
45	Primary Place of Performance State Code *	OR		
46	Primary Place of Performance Zip+4 *	97401-6030		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	4		
50	Contract Description *	Furnish and Deliver Sanitaire UV Room Air Sanitizers		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$140,959.00	\$140,959.00	\$140,959.00
<b>Total</b>		\$0.00	\$140,959.00	\$140,959.00	\$140,959.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/10/2020	11/10/2020	\$140,959.00	Administrative Expenses		
<b>Total:</b>						\$140,959.00	

### Sub Screen: Sub-Recipient 91

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0017978		
23	Legal Name*	911 Rapid Response LLC		
24	Address Line 1*	700 W Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Annville		
28	State Code*	PA		
29	Zip+4*	17003-9046		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	9		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Sub-Recipient 92

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	09194		
23	Legal Name*	Video Warehouse Inc.		
24	Address Line 1*	98-810 Moanalua Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Aiea		
28	State Code*	HI		
29	Zip+4*	96701-5234		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 94

34	Sub-Recipient Organization (Contractor)*	FIRST LINE TECHNOLOGY, LLC-141880034		
35	Contract Number*	PO-HPD-2100040		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$156,138.16
38	Contract Date *	08/05/2020		
39	Period of Performance Start Date *	08/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3656 Centerview Dr Ste 4		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chantilly		
45	Primary Place of Performance State Code *	VA		
46	Primary Place of Performance Zip+4 *	20151-3291		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	10		
50	Contract Description *	Furnish and Deliver Modular Decontamination Kits		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$156,138.16	\$156,138.16	\$156,138.16
<b>Total</b>		\$0.00	\$156,138.16	\$156,138.16	\$156,138.16

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	09/30/2020	09/30/2020	\$128,711.00	Administrative Expenses		
Line 2	CCHNL20-018 - COVID Response Equipment	09/30/2020	09/30/2020	\$0.99	Administrative Expenses		
Line 3	CCHNL20-018 - COVID Response Equipment	11/12/2020	11/12/2020	\$27,426.17	Administrative Expenses		
<b>Total:</b>							\$156,138.16

### Sub Screen: Contractor Name 95

34	Sub-Recipient Organization (Contractor)*	RAINBOW CHEVROLET, INC.-069836013		
35	Contract Number*	PO-HPD-2100050		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$379,470.00		
38	Contract Date *	08/07/2020		
39	Period of Performance Start Date *	08/07/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	711 Ala Moana Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5506		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Year 2020 Chevrolet Colorado Crew Cab 2WD Pick Up Trucks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$379,470.00	\$303,576.00	\$379,470.00
<b>Total</b>		\$0.00	\$379,470.00	\$303,576.00	\$379,470.00

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-018 - COVID Response Equipment	09/22/2020	09/22/2020	\$75,894.00	Administrative Expenses	
<b>Total:</b>						\$75,894.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	09/18/2020	10/13/2020	\$303,576.00	Administrative Expenses		
<b>Total:</b>						\$303,576.00	

### Sub Screen: Sub-Recipient 93

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS0017934	
23	Legal Name*	Fusus	
24	Address Line 1*	5550 Triangle Pkwy Ste 385	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Peachtree Corners	
28	State Code*	GA	
29	Zip+4*	30092-6527	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	7	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	



### Sub Screen: Sub-Recipient 94

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0003323		
23	Legal Name*	HAWAII SPECIALTY VEHICLES LLC		
24	Address Line 1*	1026 Puuwai St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-4330		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 96

34	Sub-Recipient Organization (Contractor)*	Gordon Truck Centers, Inc.-VS0011642		
35	Contract Number*	PO-HPD-2100055		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$120,279.00
38	Contract Date *	08/18/2020		
39	Period of Performance Start Date *	08/18/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	91-265 Kalaeloa Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kapolei		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96707-1817		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Year 2020 Mitsubishi FUSO FE 14G Truck		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$120,279.00	\$120,279.00	\$120,279.00
<b>Total</b>		\$0.00	\$120,279.00	\$120,279.00	\$120,279.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	10/21/2020	10/21/2020	\$120,279.00	Public Health Expenses		
<b>Total:</b>							\$120,279.00

### Sub Screen: Sub-Recipient 95

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0008568		
23	Legal Name*	Montgomery Powersports Limited		
24	Address Line 1*	550 N Nimitz Hwy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-5030		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Contractor Name 97

34	Sub-Recipient Organization (Contractor)*	RAINBOW CHEVROLET, INC.-069836013		
35	Contract Number*	PO-HPD-2100060		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$146,161.33		
38	Contract Date *	08/26/2020		
39	Period of Performance Start Date *	08/26/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	711 Ala Moana Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5506		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Silverado 1500 4-WD Crew Cab Trail Boss Vehicles		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$146,161.33	\$146,161.33	\$146,161.33
<b>Total</b>		\$0.00	\$146,161.33	\$146,161.33	\$146,161.33

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	12/15/2020	12/15/2020	\$146,161.33	Administrative Expenses		
<b>Total:</b>						\$146,161.33	

### Sub Screen: Sub-Recipient 96

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	080961025		Verified
22	Identification Number			
23	Legal Name*	TI TRAINING LE, LLC		
24	Address Line 1*	4680 TABLE MOUNTAIN DR UNIT 150		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GOLDEN		
28	State Code*	CO		
29	Zip+4*	80403-2346		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 98

34	Sub-Recipient Organization (Contractor)*	RAINBOW CHEVROLET, INC.-069836013		
35	Contract Number*	PO-HPD-2100061		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$160,341.00
38	Contract Date *	08/27/2020		
39	Period of Performance Start Date *	08/27/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	711 Ala Moana Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5506		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Passenger emergency transport vans and equipment		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$160,341.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$160,341.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 97

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS0018027	
23	Legal Name*	Cetrix Technologies LLC	
24	Address Line 1*	8 The Grn	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dover	
28	State Code*	DE	
29	Zip+4*	19901-3618	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	0	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 99

34	Sub-Recipient Organization (Contractor)*	911 Rapid Response LLC-VS0017978		
35	Contract Number*	PO-HPD-2100063		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$275,300.00		
38	Contract Date *	08/20/2020		
39	Period of Performance Start Date *	08/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	700 W Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Annville		
45	Primary Place of Performance State Code *	PA		
46	Primary Place of Performance Zip+4 *	17003-9046		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	9		
50	Contract Description *	Ford F-550 Mass Triage and decontamination vehicle		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$275,300.00	\$0.00	\$65,825.00
<b>Total</b>		\$0.00	\$275,300.00	\$0.00	\$65,825.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-018 - COVID Response Equipment	09/16/2020	09/16/2020	\$65,825.00	Administrative Expenses	
<b>Total:</b>						\$65,825.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00



### Sub Screen: Sub-Recipient 98

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	72043		
23	Legal Name*	Premium Inc.		
24	Address Line 1*	2644 Waiwai Loop		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-1985		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 100

34	Sub-Recipient Organization (Contractor)*	Video Warehouse Inc.-09194		
35	Contract Number*	PO-HPD-2100065		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$625,020.00
38	Contract Date *	08/27/2020		
39	Period of Performance Start Date *	08/27/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	98-810 Moanalua Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Aiea		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96701-5234		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	COVID Command Center Audio Visual System		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$0.00	\$625,020.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$625,020.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 99

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	62555		
23	Legal Name*	NEXT DESIGN LLC		
24	Address Line 1*	1003 Bishop St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-6400		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 101

34	Sub-Recipient Organization (Contractor)*	Fusus-VS0017934		
35	Contract Number*	PO-HPD-2100066		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$135,000.00
38	Contract Date *	08/27/2020		
39	Period of Performance Start Date *	08/27/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	5550 Triangle Pkwy Ste 385		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Peachtree Corners		
45	Primary Place of Performance State Code *	GA		
46	Primary Place of Performance Zip+4 *	30092-6527		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	FUSUS Covid-19 Command Center Software		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$0.00	\$135,000.00	\$135,000.00	\$135,000.00
<b>Total</b>		\$0.00	\$135,000.00	\$135,000.00	\$135,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	10/22/2020	10/22/2020	\$67,500.00	Administrative Expenses		
Line 2	CCHNL20-005 - Improving Telework Capabilities of the City	11/17/2020	11/17/2020	\$67,500.00	Administrative Expenses		
<b>Total:</b>						\$135,000.00	

### Sub Screen: Contractor Name 102

34	Sub-Recipient Organization (Contractor)*	L.N. CURTIS AND SONS-612593231		
35	Contract Number*	PO-HPD-2100067		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$114,398.91		
38	Contract Date *	08/31/2020		
39	Period of Performance Start Date *	08/31/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	185 Lennon Ln		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Walnut Creek		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	94598-2549		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	11		
50	Contract Description *	EP#1318 Kappler brand, Lantex particle protective suits		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$114,398.91	\$114,398.91	\$114,398.91
<b>Total</b>		\$0.00	\$114,398.91	\$114,398.91	\$114,398.91

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	11/30/2020	11/30/2020	\$114,398.91	Administrative Expenses		
<b>Total:</b>							\$114,398.91

### Sub Screen: Sub-Recipient 100

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	93276		
23	Legal Name*	Von Kenric Kaneshiro		
24	Address Line 1*	1861 Liliha St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-2325		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Sub-Recipient 101

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	827977435		Verified
22	Identification Number			
23	Legal Name*	OPERATIVE EXPERIENCE, INC.		
24	Address Line 1*	500 PRINCIPIO PKWY W STE 900		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NORTH EAST		
28	State Code*	MD		
29	Zip+4*	21901-2915		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 103

34	Sub-Recipient Organization (Contractor)*	CYCLE CITY LTD-033180308		
35	Contract Number*	PO-HPD-2100077		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$625,949.48		
38	Contract Date *	08/20/2020		
39	Period of Performance Start Date *	08/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	600 Puuloa Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2003		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	All Terrain Vehicles, Utility Task Vehicle and Trailers		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$625,949.48	\$625,949.48	\$625,949.48
<b>Total</b>		\$0.00	\$625,949.48	\$625,949.48	\$625,949.48

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	10/20/2020   10/20/2020	\$625,949.48	Administrative Expenses		
<b>Total:</b>						\$625,949.48



### Sub Screen: Sub-Recipient 102

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	078383282	Verified
22	Identification Number		
23	Legal Name*	FLIR COMMERCIAL SYSTEMS, INC.	
24	Address Line 1*	9 TOWNSEND W	
25	Address Line 2		
26	Address Line 3		
27	City Name*	NASHUA	
28	State Code*	NH	
29	Zip+4*	03063-1233	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 104

34	Sub-Recipient Organization (Contractor)*	BOUND TREE MEDICAL, LLC-070556204		
35	Contract Number*	SP-HPD-2100077		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$75,537.00		
38	Contract Date *	07/07/2020		
39	Period of Performance Start Date *	07/07/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	23537 Network Pl		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chicago		
45	Primary Place of Performance State Code *	IL		
46	Primary Place of Performance Zip+4 *	60673-1235		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	Nitrile Glove		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$75,537.00	\$19,303.90	\$19,303.90
<b>Total</b>		\$0.00	\$75,537.00	\$19,303.90	\$19,303.90

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	10/09/2020	10/09/2020	\$14,388.00	Public Health Expenses		
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/24/2020	11/24/2020	\$4,915.90	Public Health Expenses		
<b>Total:</b>							\$19,303.90

### Sub Screen: Contractor Name 105

34	Sub-Recipient Organization (Contractor)*	TI TRAINING LE, LLC-080961025		
35	Contract Number*	PO-HPD-2100092		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$118,102.64		
38	Contract Date *	08/31/2020		
39	Period of Performance Start Date *	08/31/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	4680 Table Mountain Dr Unit 170		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Golden		
45	Primary Place of Performance State Code *	CO		
46	Primary Place of Performance Zip+4 *	80403-2356		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	Use of Force Training Simulator and Accessories		

### Obligations

		51 A	51 B	51 C	51 D	51 E
		Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City		\$0.00	\$118,102.64	\$0.00	\$0.00
<b>Total</b>			\$0.00	\$118,102.64	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

		52 A	52 B	52 C	52 D	52 E
		Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$0.00	Select	
<b>Total:</b>						\$0.00

### Current Quarter Expenditures

		53 A	53 B	53 C	53 D	53 E	
		Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 103

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS0018003		
23	Legal Name*	Boston Dynamics, Inc.		
24	Address Line 1*	78 4th Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Waltham		
28	State Code*	MA		
29	Zip+4*	02451-7507		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Sub-Recipient 104

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	081114243		Verified
22	Identification Number			
23	Legal Name*	LITHIA OF HONOLULU-F, LLC		
24	Address Line 1*	1370 N KING ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-3318		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 106

34	Sub-Recipient Organization (Contractor)*	NEX-XOS WORLDWIDE LLC-031833811		
35	Contract Number*	SP-HPD-2100382		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$69,289.00		
38	Contract Date *	08/11/2020		
39	Period of Performance Start Date *	08/11/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3922 Pembroke Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Pembroke Park		
45	Primary Place of Performance State Code *	FL		
46	Primary Place of Performance Zip+4 *	33021-8127		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	24		
50	Contract Description *	XMRE Blue Line Case of 12		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$69,289.00	\$0.00	\$69,289.00
<b>Total</b>		\$0.00	\$69,289.00	\$0.00	\$69,289.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/11/2020	09/11/2020	\$69,289.00	Personal Protective Equipment	
<b>Total:</b>						\$69,289.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 105

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	078580975		Verified
22	Identification Number			
23	Legal Name*	SAFETY SYSTEMS AND SIGNS HAWAII, INC.		
24	Address Line 1*	663 KAKOI ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-2015		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 107

34	Sub-Recipient Organization (Contractor)*	HAWAII SPECIALTY VEHICLES LLC-VS0003323		
35	Contract Number*	SP-HPD-2100457		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$95,028.44
38	Contract Date *	08/13/2020		
39	Period of Performance Start Date *	08/13/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1026 Puuwai St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-4330		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	EP#1297 ten utility trailers used to transport ATVs		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$95,028.44	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$95,028.44	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00



### Sub Screen: Sub-Recipient 106

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	602785792		Verified
22	Identification Number			
23	Legal Name*	ADVANTAGE AUTO LEASING, INC.		
24	Address Line 1*	110 E NORTH AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CAROL STREAM		
28	State Code*	IL		
29	Zip+4*	60188-2020		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 108

34	Sub-Recipient Organization (Contractor)*	Montgomery Powersports Limited-VS0008568		
35	Contract Number*	SP-HPD-2100473		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$95,547.75
38	Contract Date *	08/12/2020		
39	Period of Performance Start Date *	08/12/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	550 N Nimitz Hwy Unit 2		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-5030		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	B34471 Montgomery Power Sports BFS 90 EP No. 1310		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$95,547.75	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$95,547.75	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 107

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS0018046	
23	Legal Name*	Engineering Dynamics Corp.	
24	Address Line 1*	126 Queen St Ste 307A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96813-4415	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 109

34	Sub-Recipient Organization (Contractor)*	FISHER SCIENTIFIC COMPANY L.L.C.-047957386		
35	Contract Number*	SP-HPD-2100497		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$61,280.64
38	Contract Date *	08/11/2020		
39	Period of Performance Start Date *	08/11/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	300 Industry Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Pittsburgh		
45	Primary Place of Performance State Code *	PA		
46	Primary Place of Performance Zip+4 *	15275-1001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			17
50	Contract Description *	Surgical Masks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	-\$494.20	\$61,280.64	\$61,280.64	\$61,280.64
<b>Total</b>		-\$494.20	\$61,280.64	\$61,280.64	\$61,280.64

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	10/29/2020	10/29/2020	\$61,280.64	Personal Protective Equipment		
<b>Total:</b>						\$61,280.64	

### Sub Screen: Sub-Recipient 108

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS18077		
23	Legal Name*	Hokondo Management Corporation		
24	Address Line 1*	2556 Lemon Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96815-3740		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 110

34	Sub-Recipient Organization (Contractor)*	Aqua03, LLC-VS0017707		
35	Contract Number*	SP-DPR-2100904		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$61,964.70		
38	Contract Date *	09/16/2020		
39	Period of Performance Start Date *	09/16/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1359 Maalahi St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-1728		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	(19) Liquid O3 Generator Units City Parks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	\$0.00	\$61,964.70	\$61,964.70	\$61,964.70
<b>Total</b>		\$0.00	\$61,964.70	\$61,964.70	\$61,964.70

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	09/16/2020	11/05/2020	\$61,964.70	Personal Protective Equipment		
<b>Total:</b>							\$61,964.70

### Sub Screen: Sub-Recipient 109

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS16825		
23	Legal Name*	NS Management, LLC		
24	Address Line 1*	1946 S Beretania St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96826-1308		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Contractor Name 111

34	Sub-Recipient Organization (Contractor)*	Aqua03, LLC-VS0017707		
35	Contract Number*	SP-DPR-2003543		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$73,133.46		
38	Contract Date *	04/09/2020		
39	Period of Performance Start Date *	04/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1433 Kanihi St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Pearl City		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96782-2031		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	(304) cases of hand sanitizers City Parks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	\$0.00	\$73,133.46	\$0.00	\$73,133.46
<b>Total</b>		\$0.00	\$73,133.46	\$0.00	\$73,133.46

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	04/09/2020	04/09/2020	\$73,133.46	Personal Protective Equipment	
<b>Total:</b>						\$73,133.46

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00



### Sub Screen: Sub-Recipient 111

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS2206	
23	Legal Name*	Hawaiian Financial Federal Credit Union	
24	Address Line 1*	1138 N King St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96817-3345	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 113

34	Sub-Recipient Organization (Contractor)*	Yun Xiaoq Zhang-VS0000017		
35	Contract Number*	PO-ESD-2100110		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$180,000.00
38	Contract Date *	09/17/2020		
39	Period of Performance Start Date *	09/17/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	808 Sheridan St Ste 101		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-2474		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	P89-2020-121 Isolation Gowns		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$180,000.00	\$180,000.00	\$180,000.00
<b>Total</b>		\$0.00	\$180,000.00	\$180,000.00	\$180,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/17/2020	09/23/2020	\$180,000.00	Personal Protective Equipment		
<b>Total:</b>						\$180,000.00	

### Sub Screen: Sub-Recipient 112

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS8468		
23	Legal Name*	OmniTrak Research & Marketing Group Inc. and Subsidiaries		
24	Address Line 1*	841 Bishop St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-3908		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 114

34	Sub-Recipient Organization (Contractor)*	WORLD WIDE TECHNOLOGY, LLC-614948396		
35	Contract Number*	PO-ESD-2100114		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$436,092.73
38	Contract Date *	09/23/2020		
39	Period of Performance Start Date *	09/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1 World Wide Way		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Saint Louis		
45	Primary Place of Performance State Code *	MO		
46	Primary Place of Performance Zip+4 *	63146-3002		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	P89 2020-62 Hardware Telecommunication Equipment		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$436,092.73	\$436,092.73	\$436,092.73
<b>Total</b>		\$0.00	\$436,092.73	\$436,092.73	\$436,092.73

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	09/29/2020   10/09/2020	\$118,646.98	Improve Telework Capabilities of Public Employees		
Line 2	CCHNL20-010 - Providing Equipment to allow for Social Distancing	10/18/2020   10/18/2020	\$46,685.64	Improve Telework Capabilities of Public Employees		
Line 3	CCHNL20-010 - Providing Equipment to allow for Social Distancing	11/16/2020   11/16/2020	\$270,239.66	Improve Telework Capabilities of Public Employees		
Line 4	CCHNL20-010 - Providing Equipment to allow for Social Distancing	11/18/2020   11/18/2020	\$520.45	Improve Telework Capabilities of Public Employees		

**Total:**

\$436,092.73

### Sub Screen: Sub-Recipient 113

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183626803		Verified
22	Identification Number			
23	Legal Name*	SMS RESEARCH & MARKETING SERVICES INC		
24	Address Line 1*	1042 FORT STREET MALL STE 200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96813-5600		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 115

34	Sub-Recipient Organization (Contractor)*	STRYKER CORPORATION-187502109		
35	Contract Number*	PO-ESD-2100115		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$739,841.59		
38	Contract Date *	09/23/2020		
39	Period of Performance Start Date *	09/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3701 E Morrow Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Phoenix		
45	Primary Place of Performance State Code *	AZ		
46	Primary Place of Performance Zip+4 *	85050-2627		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	P89 2020-130 Disposable BP Cuff		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$739,841.59	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$739,841.59	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 116

34	Sub-Recipient Organization (Contractor)*	DAILEY AND WELLS COMMUNICATIONS, INC.-010551315		
35	Contract Number*	PO-ESD-2100117		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$130,663.69
38	Contract Date *	09/17/2020		
39	Period of Performance Start Date *	09/17/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3440 E Houston St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	San Antonio		
45	Primary Place of Performance State Code *	TX		
46	Primary Place of Performance Zip+4 *	78219-3814		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			35
50	Contract Description *	P89 2020-94 Parts and Accessories for Catalyst		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$130,663.69	\$130,663.69	\$130,663.69
<b>Total</b>		\$0.00	\$130,663.69	\$130,663.69	\$130,663.69

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	10/13/2020   10/13/2020	\$130,663.69	Public Health Expenses		
<b>Total:</b>						\$130,663.69



### Sub Screen: Sub-Recipient 114

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	81312	
23	Legal Name*	STAR PROTECTION AGENCY LLC	
24	Address Line 1*	846 S Hotel St Ste 200	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96813-2583	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 117

34	Sub-Recipient Organization (Contractor)*	CATALYST COMMUNICATIONS TECHNOLOGIES, INC.-134829642		
35	Contract Number*	PO-ESD-2100116		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,163,721.00		
38	Contract Date *	09/23/2020		
39	Period of Performance Start Date *	09/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2107 Graves Mill Rd Ste D		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Forest		
45	Primary Place of Performance State Code *	VA		
46	Primary Place of Performance Zip+4 *	24551-4293		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	P89 2020-94 Catalyst Radio System		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$1,163,721.00	\$465,488.00	\$465,488.00
<b>Total</b>		\$0.00	\$1,163,721.00	\$465,488.00	\$465,488.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	11/16/2020   11/16/2020	\$465,488.00	Public Health Expenses		
<b>Total:</b>						\$465,488.00

### Sub Screen: Sub-Recipient 115

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	965588424		Verified
22	Identification Number			
23	Legal Name*	INTERNATIONAL BUSINESS MACHINES CORPORATION		
24	Address Line 1*	310 STATE RTE 956		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KEYSER		
28	State Code*	WV		
29	Zip+4*	26726-6687		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 118

34	Sub-Recipient Organization (Contractor)*	BOUND TREE MEDICAL, LLC-070556204		
35	Contract Number*	SP-ESD-2100769		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$67,550.00
38	Contract Date *	09/08/2020		
39	Period of Performance Start Date *	09/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	23537 Network Pl		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chicago		
45	Primary Place of Performance State Code *	IL		
46	Primary Place of Performance Zip+4 *	60673-1235		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	P89 2020-80 Germicidal Wipes		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$67,550.00	\$26,027.21	\$26,027.21
<b>Total</b>		\$0.00	\$67,550.00	\$26,027.21	\$26,027.21

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	12/01/2020	12/01/2020	\$2,330.44	Public Health Expenses		
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	12/07/2020	12/09/2020	\$15,135.97	Public Health Expenses		
Line 3	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	11/19/2020	11/20/2020	\$8,560.80	Public Health Expenses		
<b>Total:</b>							\$26,027.21

### Sub Screen: Sub-Recipient 118

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	026157235		Verified
22	Identification Number			
23	Legal Name*	CDW GOVERNMENT LLC		
24	Address Line 1*	230 N MILWAUKEE AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	VERNON HILLS		
28	State Code*	IL		
29	Zip+4*	60061-4304		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	10		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Sub-Recipient 119

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS18111	
23	Legal Name*	Hawaii Investment Ready	
24	Address Line 1*	44-527A Kaneohe Bay Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kaneohe	
28	State Code*	HI	
29	Zip+4*	96744-2525	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 119

34	Sub-Recipient Organization (Contractor)*	Cetrix Technologies LLC-VS0018027		
35	Contract Number*	SP-ESD-2100790		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$60,525.00
38	Contract Date *	09/08/2020		
39	Period of Performance Start Date *	09/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	8 The Grn		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Dover		
45	Primary Place of Performance State Code *	DE		
46	Primary Place of Performance Zip+4 *	19901-3618		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	0		
50	Contract Description *	P89 2020-77 UVC Disinfecting Cabinets		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$60,525.00	\$60,525.00	\$60,525.00
<b>Total</b>		\$0.00	\$60,525.00	\$60,525.00	\$60,525.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	12/03/2020	12/03/2020	\$60,525.00	Personal Protective Equipment		
<b>Total:</b>						\$60,525.00	

### Sub Screen: Sub-Recipient 120

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS11384	
23	Legal Name*	National Kidney Foundation of Hawaii	
24	Address Line 1*	1314 S King St Ste 1555	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96814-2073	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	



### Sub Screen: Contractor Name 120

34	Sub-Recipient Organization (Contractor)*	Premium Inc.-72043		
35	Contract Number*	PO-ESD-2100099		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$116,113.96		
38	Contract Date *	09/02/2020		
39	Period of Performance Start Date *	09/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2644 Waiwai Loop		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-1985		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	P89 2020-69 MoonBeam 3 UN-C Disinfection Technology Device		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	-\$0.01	\$116,113.96	\$116,113.96	\$116,113.96
<b>Total</b>		-\$0.01	\$116,113.96	\$116,113.96	\$116,113.96

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/02/2020	09/30/2020	\$116,113.96	Public Health Expenses		
<b>Total:</b>						\$116,113.96	

### Sub Screen: Sub-Recipient 121

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	968392134		Verified
22	Identification Number			
23	Legal Name*	HAWAII PRIMARY CARE ASSOCIATION		
24	Address Line 1*	1003 BISHOP ST PAUHI TOWER STE 1810		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96813-6455		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 120

34	Sub-Recipient Organization (Contractor)*	NEXT DESIGN LLC-62555		
35	Contract Number*	PO-DDC-2100051		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$147,436.50		
38	Contract Date *	09/25/2020		
39	Period of Performance Start Date *	09/25/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1003 Bishop St Ste 2000		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-6462		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Fasi Municipal Bldg. - Protective Lobby Entries Floors 2 -15		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	\$11,746.50	\$147,436.50	\$129,697.17	\$129,697.17
<b>Total</b>		\$11,746.50	\$147,436.50	\$129,697.17	\$129,697.17

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	09/25/2020	10/31/2020	\$119,681.70	Public Health Expenses		
Line 2	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	09/25/2020	10/31/2020	\$10,015.47	Public Health Expenses		
<b>Total:</b>						\$129,697.17	

### Sub Screen: Sub-Recipient 122

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	033188103		Verified
22	Identification Number			
23	Legal Name*	HONBLUE, INC.		
24	Address Line 1*	501 SUMNER ST STE 3B1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-5331		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 121

34	Sub-Recipient Organization (Contractor)*	Von Kenric Kaneshiro-93276		
35	Contract Number*	PO-HFD-2100097		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$61,465.94		
38	Contract Date *	09/04/2020		
39	Period of Performance Start Date *	09/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1861 Liliha St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-2325		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	E.P. No.2020-71, PURTABS effervescent sanitizing and disinfection tablets		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-020 - Disinfection Services and equipment	\$0.00	\$61,465.94	\$19,602.09	\$19,602.09
<b>Total</b>		\$0.00	\$61,465.94	\$19,602.09	\$19,602.09

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-020 - Disinfection Services and equipment	10/21/2020	10/21/2020	\$19,602.09	Public Health Expenses		
<b>Total:</b>							\$19,602.09

### Sub Screen: Sub-Recipient 120

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	130198454		Verified
22	Identification Number			
23	Legal Name*	HAWAII MASK LLC		
24	Address Line 1*	742 QUEEN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96813-5279		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 122

34	Sub-Recipient Organization (Contractor)*	OPERATIVE EXPERIENCE, INC.-827977435		
35	Contract Number*	PO-HFD-2100100		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$301,500.00		
38	Contract Date *	08/31/2020		
39	Period of Performance Start Date *	08/31/2020		
40	Period of Performance End Date *	10/05/2020		
41	Primary Place of Performance Address Line 1 *	500 Principio Pkwy W Ste 900		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	North East		
45	Primary Place of Performance State Code *	MD		
46	Primary Place of Performance Zip+4 *	21901-2915		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	P-89 #2020-50 Trauma casualty Care Simulations		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$301,500.00	\$301,500.00	\$301,500.00
<b>Total</b>		\$0.00	\$301,500.00	\$301,500.00	\$301,500.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	08/31/2020	10/05/2020	\$301,500.00	Medical Expenses		
<b>Total:</b>						\$301,500.00	

### Sub Screen: Sub-Recipient 121

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	960342327		Verified
22	Identification Number			
23	Legal Name*	FASTENAL COMPANY		
24	Address Line 1*	1801 THEURER BLVD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WINONA		
28	State Code*	MN		
29	Zip+4*	55987-1577		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



### Sub Screen: Contractor Name 123

34	Sub-Recipient Organization (Contractor)*	W. S. DARLEY & CO.-005094842		
35	Contract Number*	SP-HFD-2100711		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$66,593.10
38	Contract Date *	09/10/2020		
39	Period of Performance Start Date *	09/10/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	325 Spring Lake Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Itasca		
45	Primary Place of Performance State Code *	IL		
46	Primary Place of Performance Zip+4 *	60143-2072		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			8
50	Contract Description *	EP No. 2020-125 700 Fire Dex stedair TX L3 reusable medical isolations gowns		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*		Current Quarter Expenditure	Cumulative Expenditure
		Cumulative Obligation*			
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$0.00	\$66,593.10	\$0.00	\$66,593.10
<b>Total</b>		\$0.00	\$66,593.10	\$0.00	\$66,593.10

### Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/28/2020	09/28/2020	\$66,593.10	Personal Protective Equipment	
<b>Total:</b>						\$66,593.10

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 122

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	001325463		Verified
22	Identification Number			
23	Legal Name*	MOTOROLA SOLUTIONS, INC.		
24	Address Line 1*	500 W MONROE ST STE 4400		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CHICAGO		
28	State Code*	IL		
29	Zip+4*	60661-3781		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 124

34	Sub-Recipient Organization (Contractor)*	CleanSlate Technologies Incorporated-VS0017851		
35	Contract Number*	SP-HFD-2100759		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$55,019.25
38	Contract Date *	09/15/2020		
39	Period of Performance Start Date *	09/15/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1170 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Buffalo		
45	Primary Place of Performance State Code *	NY		
46	Primary Place of Performance Zip+4 *	14209-2380		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			26
50	Contract Description *	EP No. 2020-185 CleanSlate UV Sanitizers and accessories		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	-\$111.62	\$55,019.25	\$55,019.25	\$55,019.25
<b>Total</b>		-\$111.62	\$55,019.25	\$55,019.25	\$55,019.25

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	09/18/2020	09/18/2020	\$55,019.25	Public Health Expenses		
<b>Total:</b>						\$55,019.25	

### Sub Screen: Sub-Recipient 123

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	960912467		Verified
22	Identification Number			
23	Legal Name*	IHS, THE INSTITUTE FOR HUMAN SERVICES, INC		
24	Address Line 1*	546 KAAHI ST.		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-4630		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 125

34	Sub-Recipient Organization (Contractor)*	RAINBOW CHEVROLET, INC.-069836013		
35	Contract Number*	PO-HPD-2100090		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$307,192.16		
38	Contract Date *	09/01/2020		
39	Period of Performance Start Date *	09/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	711 Ala Moana Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5506		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Trucks fitted with police equipment and camper tops		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$307,192.16	\$307,192.16	\$307,192.16
<b>Total</b>		\$0.00	\$307,192.16	\$307,192.16	\$307,192.16

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	12/15/2020   12/15/2020	\$307,192.16	Administrative Expenses		
<b>Total:</b>						\$307,192.16

### Sub Screen: Sub-Recipient 124

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117183584		Verified
22	Identification Number			
23	Legal Name*	MOUNTAIN CONTAINER TRADING INC		
24	Address Line 1*	12177 TURAHD RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CLINTON		
28	State Code*	MT		
29	Zip+4*	59825-9777		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	0		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 126

34	Sub-Recipient Organization (Contractor)*	FLIR COMMERCIAL SYSTEMS, INC.-078383282		
35	Contract Number*	PO-HPD-2100106		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$603,759.60		
38	Contract Date *	09/14/2020		
39	Period of Performance Start Date *	09/14/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	9 Townsend W		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Nashua		
45	Primary Place of Performance State Code *	NH		
46	Primary Place of Performance Zip+4 *	03063-1233		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	FLIR e95 w/24 degree lens, includes onboard screening mode		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-021 - Providing emergency response for enforcement, security or other activity	\$0.00	\$603,759.60	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$603,759.60	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 126

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	824923106		Verified
22	Identification Number			
23	Legal Name*	AIRGAS USA, LLC		
24	Address Line 1*	4101 ROBERTSON RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MADISON		
28	State Code*	WI		
29	Zip+4*	53714-3118		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input checked="" type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



### Sub Screen: Contractor Name 127

34	Sub-Recipient Organization (Contractor)*	Boston Dynamics, Inc.-VS0018003		
35	Contract Number*	PO-HPD-2100107		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$150,045.00		
38	Contract Date *	09/15/2020		
39	Period of Performance Start Date *	09/15/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	78 4th Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Waltham		
45	Primary Place of Performance State Code *	MA		
46	Primary Place of Performance Zip+4 *	02451-7507		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	Boston Dynamics SPOT Robot Enterprise Package		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-021 - Providing emergency response for enforcement, security or other activity	\$0.00	\$150,045.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$150,045.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 127

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	173503806	Verified
22	Identification Number		
23	Legal Name*	ABATEMENT TECHNOLOGIES, INC.	
24	Address Line 1*	605 SATELLITE BLVD STE 300	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SUWANEE	
28	State Code*	GA	
29	Zip+4*	30024-4611	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	7	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 128

34	Sub-Recipient Organization (Contractor)*	LITHIA OF HONOLULU-F, LLC-081114243		
35	Contract Number*	PO-HPD-2100108		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$181,455.00
38	Contract Date *	09/16/2020		
39	Period of Performance Start Date *	09/16/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1370 N King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-3318		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	EP#1387, Ford F150 trucks fitted with police equip and camper		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$181,455.00	\$181,455.00	\$181,455.00
<b>Total</b>		\$0.00	\$181,455.00	\$181,455.00	\$181,455.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	12/30/2020	12/30/2020	\$181,455.00	Administrative Expenses		
<b>Total:</b>							\$181,455.00

### Sub Screen: Sub-Recipient 127

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	104520	
23	Legal Name*	ALII Security Systems, Inc.	
24	Address Line 1*	606 Coral St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96813-5135	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 129

34	Sub-Recipient Organization (Contractor)*	ADVANTAGE AUTO LEASING, INC.-602785792		
35	Contract Number*	SP-HPD-2100494		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$96,009.92
38	Contract Date *	09/09/2020		
39	Period of Performance Start Date *	09/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	110E W North Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Carol Stream		
45	Primary Place of Performance State Code *	IL		
46	Primary Place of Performance Zip+4 *	60188-2002		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			6
50	Contract Description *	20' Quest Aluminum office/command trailer with options		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$96,009.92	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$96,009.92	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 128

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	113219307		Verified
22	Identification Number			
23	Legal Name*	VIP SANITATION, INC.		
24	Address Line 1*	662 HOOHAI PL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PEARL CITY		
28	State Code*	HI		
29	Zip+4*	96782-1752		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 130

34	Sub-Recipient Organization (Contractor)*	RAINBOW CHEVROLET, INC.-069836013		
35	Contract Number*	SP-HPD-2100829		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$51,947.00		
38	Contract Date *	09/10/2020		
39	Period of Performance Start Date *	09/10/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	711 Ala Moana Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5506		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	EP #1296, 2020 Chev Express Van, Harmer Equip, Svc Contract		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$51,947.00	\$51,947.00	\$51,947.00
<b>Total</b>		\$0.00	\$51,947.00	\$51,947.00	\$51,947.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	12/21/2020	12/21/2020	\$51,947.00	Administrative Expenses		
<b>Total:</b>						\$51,947.00	

### Sub Screen: Sub-Recipient 129

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117134710		Verified
22	Identification Number			
23	Legal Name*	2586 KALAKAUA OWNER LP		
24	Address Line 1*	2586 KALAKAUA AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96815-6614		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



### Sub Screen: Contractor Name 131

34	Sub-Recipient Organization (Contractor)*	MORRO TORO CORPORATION-626824564		
35	Contract Number*	SP-HPD-2100839		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$74,139.16
38	Contract Date *	09/11/2020		
39	Period of Performance Start Date *	09/11/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	6925 Sycamore Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Atascadero		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	93422-4576		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	24		
50	Contract Description *	Mobile Solar Auxiliary trailer SA-15, compatible to MS-425		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$0.00	\$74,139.16	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$74,139.16	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 131

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS0663	
23	Legal Name*	Robert's Tours & Transportation, Inc.	
24	Address Line 1*	680 Iwilei Rd Ste 700	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96817-5392	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 132

34	Sub-Recipient Organization (Contractor)*	Engineering Dynamics Corp.-VS0018046		
35	Contract Number*	SP-HPD-2100868		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$69,000.00		
38	Contract Date *	09/17/2020		
39	Period of Performance Start Date *	09/17/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	126 Queen St Ste 307A		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-4415		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Testing and balancing (TAB) services		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-022 - Providing non-emergency assistance with Covid-19 related activities	\$0.00	\$69,000.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$69,000.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Sub-Recipient 132

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	139127836		Verified
22	Identification Number			
23	Legal Name*	OAHU ECONOMIC DEVELOPMENT BOARD		
24	Address Line 1*	735 BISHOP ST STE 424		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96813-4820		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 133

34	Sub-Recipient Organization (Contractor)*	FISHER SCIENTIFIC COMPANY L.L.C.-047957386		
35	Contract Number*	SP-HPD-2100893		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$89,670.12		
38	Contract Date *	09/16/2020		
39	Period of Performance Start Date *	09/16/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	300 Industry Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Pittsburgh		
45	Primary Place of Performance State Code *	PA		
46	Primary Place of Performance Zip+4 *	15275-1001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	17		
50	Contract Description *	Surgical mask P-89 2020-137		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	\$0.00	\$89,670.12	\$89,670.12	\$89,670.12
<b>Total</b>		\$0.00	\$89,670.12	\$89,670.12	\$89,670.12

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	11/25/2020	11/25/2020	\$89,670.12	Personal Protective Equipment		
<b>Total:</b>							\$89,670.12

### Sub Screen: Sub-Recipient 133

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS18010		
23	Legal Name*	Fernweh Technology, LLC		
24	Address Line 1*	43 Sterling Pl		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Brooklyn		
28	State Code*	NY		
29	Zip+4*	11217-3203		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	9		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 134

34	Sub-Recipient Organization (Contractor)*	SAFETY SYSTEMS AND SIGNS HAWAII, INC.-078580975		
35	Contract Number*	SP-HPD-2100963		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$98,743.42
38	Contract Date *	09/20/2020		
39	Period of Performance Start Date *	09/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	663 Kakoi St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2015		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Face Shield P-89 2020-52		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	\$0.00	\$98,743.42	\$98,743.42	\$98,743.42
<b>Total</b>		\$0.00	\$98,743.42	\$98,743.42	\$98,743.42

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	11/23/2020	11/23/2020	\$98,743.42	Personal Protective Equipment		
<b>Total:</b>							\$98,743.42

### Sub Screen: Sub-Recipient 134

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VS18180		
23	Legal Name*	Hawaii Hospital Education and Research Foundation		
24	Address Line 1*	707 Richards St Ste ph2		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-4623		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		



### Sub Screen: Contractor Name 135

34	Sub-Recipient Organization (Contractor)*	J. Kadowaki, Inc.-VS9938		
35	Contract Number*	PO-CSD-2100127		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$52,042.00		
38	Contract Date *	05/18/2020		
39	Period of Performance Start Date *	05/18/2020		
40	Period of Performance End Date *	06/17/2020		
41	Primary Place of Performance Address Line 1 *	925 Dillingham Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-4506		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Manufacturing and installation of sneeze guards for 4 Driver Licences offices		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	\$0.00	\$52,042.00	\$52,042.00	\$52,042.00
<b>Total</b>		\$0.00	\$52,042.00	\$52,042.00	\$52,042.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-010 - Providing Equipment to allow for Social Distancing	05/22/2020	06/17/2020	\$52,042.00	Public Health Expenses		
<b>Total:</b>						\$52,042.00	

### Sub Screen: Sub-Recipient 135

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	825068047		Verified
22	Identification Number			
23	Legal Name*	KUPU		
24	Address Line 1*	677 ALA MOANA BOULEVARD, SUITE 1200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96813-5419		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 136

34	Sub-Recipient Organization (Contractor)*	Hokondo Management Corporation-VS18077		
35	Contract Number*	CT-DCS-2100128		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$171,813.00		
38	Contract Date *	09/29/2020		
39	Period of Performance Start Date *	09/29/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2556 Lemon Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96815-3740		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Emergency Shelter. Lease of 46 units and related accessories to provide COVID-19 related isolation, quarantine, and health services in partnership with the State of Hawaii, Department of Health, Behavioral Health Division at Lemon Street		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-017 - CARES Program Management & Support Services	-\$53,187.00	\$171,813.00	\$171,813.00	\$171,813.00
<b>Total</b>		-\$53,187.00	\$171,813.00	\$171,813.00	\$171,813.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-017 - CARES Program Management & Support Services	09/29/2020   12/30/2020	\$171,813.00	Administrative Expenses		
<b>Total:</b>						\$171,813.00

### Sub Screen: Sub-Recipient 136

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	956706832	Verified
22	Identification Number		
23	Legal Name*	JUDICIARY COURTS OF THE STATE OF HAWAII	
24	Address Line 1*	2145 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WAILUKU	
28	State Code*	HI	
29	Zip+4*	96793-1679	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 137

34	Sub-Recipient Organization (Contractor)*	Hokondo Management Corporation-VS18077		
35	Contract Number*	CT-DCS-2100132		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$81,000.00
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2556 Lemon Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96815-3740		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Emergency Shelter. Lease of 46 units and related accessories to provide COVID-19 related isolation, quarantine, and health services in partnership with the State of Hawaii, Department of Health, Behavioral Health Division at Lemon Street		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-017 - CARES Program Management & Support Services	\$0.00	\$81,000.00	\$81,000.00	\$81,000.00
<b>Total</b>		\$0.00	\$81,000.00	\$81,000.00	\$81,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-017 - CARES Program Management & Support Services	09/28/2020   10/31/2020	\$29,700.00	Administrative Expenses		
Line 2	CCHNL20-017 - CARES Program Management & Support Services	11/01/2020   12/30/2020	\$51,300.00	Administrative Expenses		
<b>Total:</b>						\$81,000.00

### Sub Screen: Sub-Recipient 136

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	108422		
23	Legal Name*	HAWAII NISSAN, INC.		
24	Address Line 1*	2295 N King St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-4530		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
<input type="checkbox"/> Tribally Controlled College or University (TCCU)				
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

### Sub Screen: Contractor Name 138

34	Sub-Recipient Organization (Contractor)*	NS Management, LLC-VS16825		
35	Contract Number*	PO-DCS-2100129		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$85,186.75		
38	Contract Date *	09/30/2020		
39	Period of Performance Start Date *	09/30/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1946 S Beretania St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96826-1308		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Transportation Services for COVID-19 Clients. The Contractor will be on call 24/7 to transport known and suspected COVID-19 clients to a designated quarantine site.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-026 - Transportation Services	\$0.00	\$85,186.75	\$62,499.99	\$62,499.99
<b>Total</b>		\$0.00	\$85,186.75	\$62,499.99	\$62,499.99

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-026 - Transportation Services	09/30/2020	10/31/2020	\$41,666.66	Public Health Expenses		
Line 2	CCHNL20-026 - Transportation Services	11/01/2020	11/30/2020	\$20,833.33	Public Health Expenses		
<b>Total:</b>							\$62,499.99

### Sub Screen: Sub-Recipient 137

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS0000018	
23	Legal Name*	Hawaii HOME Project	
24	Address Line 1*	651 Ilalo St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96813-5525	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	



### Sub Screen: Contractor Name 140

34	Sub-Recipient Organization (Contractor)*	Hawaiian Financial Federal Credit Union-VS2206		
35	Contract Number*	PO-MAY-2100093		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$32,812,500.00		
38	Contract Date *	09/05/2020		
39	Period of Performance Start Date *	09/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1138 N King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-3345		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To provide financial relief to small business impacted by COVID-19		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	\$30,187,500.00	\$32,812,500.00	\$18,466,363.39	\$18,546,744.95
<b>Total</b>		\$30,187,500.00	\$32,812,500.00	\$18,466,363.39	\$18,546,744.95

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	09/05/2020	09/30/2020	\$80,381.56	Small Business Assistance	
<b>Total:</b>						\$80,381.56

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	09/05/2020	10/16/2020	\$3,499,641.07	Small Business Assistance		
Line 2	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	10/01/2020	11/30/2020	\$14,966,722.32	Small Business Assistance		
<b>Total:</b>							\$18,466,363.39



### Sub Screen: Sub-Recipient 138

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	004961140		Verified
22	Identification Number			
23	Legal Name*	ARAMSCO, INC.		
24	Address Line 1*	1480 GRAND VIEW AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PAULSBORO		
28	State Code*	NJ		
29	Zip+4*	08066-1801		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 141

34	Sub-Recipient Organization (Contractor)*	OmniTrak Research & Marketing Group Inc. and Subsidiaries-VS8468		
35	Contract Number*	PO-MAY-2100123		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$619,954.00
38	Contract Date *	09/18/2020		
39	Period of Performance Start Date *	09/18/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	841 Bishop St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3908		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Assisting the Department of Health with contact tracing helps catch and control new outbreaks of COVID-19 before they are able to grow, while effectively stopping the disease in its tracks. It will help interrupt the ongoing transmission of a disease and reduce the spread of infection.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	-\$4,880,046.00	\$619,954.00	\$210,233.72	\$210,233.72
<b>Total</b>		-\$4,880,046.00	\$619,954.00	\$210,233.72	\$210,233.72

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	09/21/2020	12/30/2020	\$153,665.68	COVID-19 Testing and Contact Tracing		
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	11/16/2020	12/13/2020	\$56,568.04	COVID-19 Testing and Contact Tracing		
<b>Total:</b>						\$210,233.72	

### Sub Screen: Sub-Recipient 139

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	171821486		Verified
22	Identification Number			
23	Legal Name*	AED INSTITUTE OF AMERICA INC		
24	Address Line 1*	28971 LIVE OAK CIR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TRABUCO CANYON		
28	State Code*	CA		
29	Zip+4*	92679-1019		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	45		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

### Sub Screen: Contractor Name 142

34	Sub-Recipient Organization (Contractor)*	SMS RESEARCH & MARKETING SERVICES INC-183626803		
35	Contract Number*	PO-MAY-2100136		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$250,000.00		
38	Contract Date *	09/29/2020		
39	Period of Performance Start Date *	09/29/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1042 Fort Street Mall Ste 200		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5600		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Assisting the Department of Health with contact tracing helps catch and control new outbreaks of COVID-19 before they are able to grow, while effectively stopping the disease in its tracks. It will help interrupt the ongoing transmission of a disease and reduce the spread of infection.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	-\$500,000.00	\$250,000.00	\$75,062.69	\$75,062.69
<b>Total</b>		-\$500,000.00	\$250,000.00	\$75,062.69	\$75,062.69

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	10/15/2020	11/14/2020	\$51,229.09	COVID-19 Testing and Contact Tracing		
Line 2	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	11/15/2020	12/28/2020	\$23,833.60	COVID-19 Testing and Contact Tracing		
<b>Total:</b>							\$75,062.69

### Sub Screen: Sub-Recipient 140

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	968904698		Verified
22	Identification Number			
23	Legal Name*	CELLCO PARTNERSHIP		
24	Address Line 1*	ONE VERIZON WY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BASKING RIDGE		
28	State Code*	NJ		
29	Zip+4*	07920-1025		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

### Sub Screen: Contractor Name 143

34	Sub-Recipient Organization (Contractor)*	UNIVERSITY OF HAWAII SYSTEMS-965088057		
35	Contract Number*	PO-MAY-2100027		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$75,000.00		
38	Contract Date *	06/23/2020		
39	Period of Performance Start Date *	06/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	850 Richards St Ste 201		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-4703		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Provide wastewater-based data to the CITY to help understand SARS -CoV-2 prevalence and potential COVID-19 infection rates, and to provide date to critical public health services, as directed and request by the CITY.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-017 - CARES Program Management & Support Services	\$0.00	\$75,000.00	\$62,100.00	\$62,100.00
<b>Total</b>		\$0.00	\$75,000.00	\$62,100.00	\$62,100.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-017 - CARES Program Management & Support Services	06/23/2020	10/25/2020	\$62,100.00	Public Health Expenses		
<b>Total:</b>							\$62,100.00



### Sub Screen: Sub-Recipient 141

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS17761	
23	Legal Name*	Mobility Capital Finance, Inc.	
24	Address Line 1*	1 Washington Park	
25	Address Line 2	7th Floor	
26	Address Line 3		
27	City Name*	Newark	
28	State Code*	NJ	
29	Zip+4*	07102-3122	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	10	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 142

34	Sub-Recipient Organization (Contractor)*	STAR PROTECTION AGENCY LLC-81312		
35	Contract Number*	PO-BFS-2100146		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$233,717.19		
38	Contract Date *	09/16/2020		
39	Period of Performance Start Date *	09/16/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	846 S Hotel St Ste 200		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-2583		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	P89 - E Form 2020-123 Provide security service for inspectors implementing the Mayor's Emergency proclamations as it relates to Covid 19. Primary place of performance - various places		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	\$233,717.19	\$233,717.19	\$138,219.85	\$138,219.85
<b>Total</b>		\$233,717.19	\$233,717.19	\$138,219.85	\$138,219.85

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	10/02/2020	10/31/2020	\$50,261.76	Public Health Expenses		
Line 2	CCHNL20-013 - Communication/enforcement of public health orders	11/04/2020	12/12/2020	\$87,958.09	Public Health Expenses		
<b>Total:</b>							\$138,219.85

### Sub Screen: Sub-Recipient 142

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS17946	
23	Legal Name*	United Fishing Agency, Ltd.	
24	Address Line 1*	1131 N Nimitz Hwy	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96817-4522	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
<input type="checkbox"/> Tribally Controlled College or University (TCCU)			
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

### Sub Screen: Contractor Name 143

34	Sub-Recipient Organization (Contractor)*	INTERNATIONAL BUSINESS MACHINES CORPORATION-965588424		
35	Contract Number*	PO-DIT-2100109		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,928,009.00		
38	Contract Date *	09/10/2020		
39	Period of Performance Start Date *	09/10/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	650 S King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3078		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Construct MPOE Rooms for all the Fiber to the Data Center		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$1,928,009.00	\$1,928,009.00	\$1,433,479.01	\$1,433,479.01
<b>Total</b>		\$1,928,009.00	\$1,928,009.00	\$1,433,479.01	\$1,433,479.01

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	09/10/2020	12/30/2020	\$123,321.42	Improve Telework Capabilities of Public Employees		
Line 2	CCHNL20-005 - Improving Telework Capabilities of the City	09/30/2020	09/30/2020	\$890,971.37	Improve Telework Capabilities of Public Employees		
Line 3	CCHNL20-005 - Improving Telework Capabilities of the City	10/01/2020	10/31/2020	\$419,186.22	Improve Telework Capabilities of Public Employees		
<b>Total:</b>						\$1,433,479.01	

### Sub Screen: Sub-Recipient 143

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS18285	
23	Legal Name*	Malama Meals United	
24	Address Line 1*	2469 S King St	
25	Address Line 2	Ste 2A	
26	Address Line 3		
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96826-5801	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 144

34	Sub-Recipient Organization (Contractor)*	WORLD WIDE TECHNOLOGY, LLC-614948396		
35	Contract Number*	DO-DIT-2100546		
36	Contract Type*	Delivery Order		
37	Contract Amount*			\$124,679.65
38	Contract Date *	09/16/2020		
39	Period of Performance Start Date *	09/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	650 S King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3078		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Cisco Expressway hardware and software upgrade		

### Obligations

		51 A	51 B	51 C	51 D	51 E
		Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City		\$124,679.65	\$124,679.65	\$0.00	\$0.00
<b>Total</b>			\$124,679.65	\$124,679.65	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

		52 A	52 B	52 C	52 D	52 E
		Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1				\$0.00		
<b>Total:</b>						\$0.00

### Current Quarter Expenditures

		53 A	53 B	53 C	53 D	53 E	
		Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
<b>Total:</b>							\$0.00

### Sub Screen: Sub-Recipient 144

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	012430880	Verified
22	Identification Number		
23	Legal Name*	HENRY SCHEIN, INC.	
24	Address Line 1*	135 DURYE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MELVILLE	
28	State Code*	NY	
29	Zip+4*	11747-3824	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 145

34	Sub-Recipient Organization (Contractor)*	CDW GOVERNMENT LLC-026157235		
35	Contract Number*	DO-DIT-2100583		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$218,612.01		
38	Contract Date *	05/11/2020		
39	Period of Performance Start Date *	05/11/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	650 S King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3078		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	EP-786 Remote worker software		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$218,612.01	\$218,612.01	\$0.00	\$0.00
<b>Total</b>		\$218,612.01	\$218,612.01	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00



### Sub Screen: Contractor Name 146

34	Sub-Recipient Organization (Contractor)*	WORLD WIDE TECHNOLOGY, LLC-614948396		
35	Contract Number*	DO-DIT-2100775		
36	Contract Type*	Delivery Order		
37	Contract Amount*			\$57,779.67
38	Contract Date *	10/01/2020		
39	Period of Performance Start Date *	10/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	650 S King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3078		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			1
50	Contract Description *	Akkadian provisioning software for Cisco UCM to support employees that are working from home.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$57,779.67	\$57,779.67	\$57,779.67	\$57,779.67
<b>Total</b>		\$57,779.67	\$57,779.67	\$57,779.67	\$57,779.67

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	10/29/2020   10/29/2020	\$57,779.67	Improve Telework Capabilities of Public Employees		
<b>Total:</b>						\$57,779.67

### Sub Screen: Sub-Recipient 145

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	VS0018269	
23	Legal Name*	Emergency Medical Supply LLC	
24	Address Line 1*	81 Clinton Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	New Hartford	
28	State Code*	NY	
29	Zip+4*	13413-1912	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	22	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

### Sub Screen: Contractor Name 147

34	Sub-Recipient Organization (Contractor)*	UNIVERSITY OF HAWAII SYSTEMS-965088057		
35	Contract Number*	PO-DCS-2100149		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$78,880.00
38	Contract Date *	09/01/2020		
39	Period of Performance Start Date *	09/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	874 Dillingham Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-4505		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To implement the following three short-term workforce training:(1) Marine Welding Technology,(2) Early Childhood Education, and (3) Computer Networking Technologies for individuals recently displaced by the COVID-19.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-015 - Economic Support for Vulnerable Populations	\$78,880.00	\$78,880.00	\$78,880.00	\$78,880.00
<b>Total</b>		\$78,880.00	\$78,880.00	\$78,880.00	\$78,880.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-015 - Economic Support for Vulnerable Populations	09/01/2020	12/30/2020	\$78,880.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
<b>Total:</b>							\$78,880.00

### Sub Screen: Contractor Name 148

34	Sub-Recipient Organization (Contractor)*	APPLIED COMPUTER TRAINING & TECHNOLOGY, INC-021592998		
35	Contract Number*	PO-DCS-2100155		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$266,308.80
38	Contract Date *	09/06/2020		
39	Period of Performance Start Date *	09/06/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	98-030 Hekaha St Ste 29		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Aiea		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96701-4911		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To implement two short-term workforce training programs: (1) Administrative Support Program and (2) Customer Service Representative for individuals recently displaced by the COVID-19.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-015 - Economic Support for Vulnerable Populations	\$266,308.80	\$266,308.80	\$266,308.80	\$266,308.80
<b>Total</b>		\$266,308.80	\$266,308.80	\$266,308.80	\$266,308.80

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-015 - Economic Support for Vulnerable Populations	09/06/2020	12/30/2020	\$266,308.80	Economic Support (Other than Small Business, Housing, and Food Assistance)		
<b>Total:</b>						\$266,308.80	

### Sub Screen: Contractor Name 149

34	Sub-Recipient Organization (Contractor)*	Hawaii Investment Ready-VS18111		
35	Contract Number*	PO-MAY-2100162		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$2,569,750.00		
38	Contract Date *	09/18/2020		
39	Period of Performance Start Date *	09/18/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	44-527A Kaneohe Bay Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kaneohe		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96744-2525		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	The Program will deploy funds to Eligible Businesses in accordance with the guidelines set forth for the Coronavirus Relief Fund that was established by the CARES Act		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	\$2,569,750.00	\$2,569,750.00	\$2,569,750.00	\$2,569,750.00
<b>Total</b>		\$2,569,750.00	\$2,569,750.00	\$2,569,750.00	\$2,569,750.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	11/10/2020	11/23/2020	\$2,545,089.08	Small Business Assistance		
Line 2	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	11/23/2020	11/24/2020	\$24,660.92	Small Business Assistance		
<b>Total:</b>						\$2,569,750.00	

### Sub Screen: Contractor Name 150

34	Sub-Recipient Organization (Contractor)*	HAWAII COMMUNITY REINVESTMENT CORPORATION-879265247		
35	Contract Number*	PO-MAY-2100157		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$2,567,905.77		
38	Contract Date *	10/14/2020		
39	Period of Performance Start Date *	10/14/2020		
40	Period of Performance End Date *	12/21/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 3049		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96802-3049		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To facilitate the distribution of \$10,000 grants to qualifying culture and arts businesses and Non-Profit Organizations (NPO) and Hoola Program (Program 2) to facilitate the distribution of \$50,000 grants to qualifying NPOs who were detrimentally impacted by the COVID-19		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	\$2,567,905.77	\$2,567,905.77	\$2,567,905.77	\$2,567,905.77
<b>Total</b>		\$2,567,905.77	\$2,567,905.77	\$2,567,905.77	\$2,567,905.77

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	10/14/2020	12/21/2020	\$2,050,000.00	Small Business Assistance		
Line 2	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	10/16/2020	11/09/2020	\$517,905.77	Small Business Assistance		
<b>Total:</b>						\$2,567,905.77	

### Sub Screen: Contractor Name 151

34	Sub-Recipient Organization (Contractor)*	National Kidney Foundation of Hawaii-VS11384		
35	Contract Number*	PO-MAY-2100180		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$16,454,000.00		
38	Contract Date *	10/30/2020		
39	Period of Performance Start Date *	10/30/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1314 S King St Ste 1555		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-2073		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	City and County of Honolulu through extensive discussions with the National Kidney Foundation will be pursuing having it own mobile laboratory (MC3 Laboratory). The lab will be CLIA certified and have the capacity to process up to 10,000 Covid 16 tests day.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$16,454,000.00	\$16,454,000.00	\$16,454,000.00	\$16,454,000.00
<b>Total</b>		\$16,454,000.00	\$16,454,000.00	\$16,454,000.00	\$16,454,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	11/04/2020 11/04/2020	\$16,454,000.00	COVID-19 Testing and Contact Tracing		
<b>Total:</b>						\$16,454,000.00

### Sub Screen: Contractor Name 153

34	Sub-Recipient Organization (Contractor)*	HAWAII PRIMARY CARE ASSOCIATION-968392134		
35	Contract Number*	PO-MAY-2100172		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$9,128,735.00		
38	Contract Date *	10/29/2020		
39	Period of Performance Start Date *	10/29/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1003 Bishop St Ste 1810		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-6455		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Omnibus Fund established with the Hawaii Primary Care Association (HPCA) to distribute resources to seven Community Health Centers for the purposes of providing COVID-19 contact tracing, isolation and quarantine wrap around services.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	\$9,128,735.00	\$9,128,735.00	\$2,000,000.00	\$2,000,000.00
<b>Total</b>		\$9,128,735.00	\$9,128,735.00	\$2,000,000.00	\$2,000,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	11/16/2020	11/16/2020	\$2,000,000.00	Public Health Expenses		
<b>Total:</b>						\$2,000,000.00	



### Sub Screen: Contractor Name 154

34	Sub-Recipient Organization (Contractor)*	HONBLUE, INC.-033188103		
35	Contract Number*	SP-MAY-2101367		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$99,921.43
38	Contract Date *	10/19/2020		
39	Period of Performance Start Date *	10/19/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	501 Sumner St Ste 3B1		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-5331		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To produce and package various amounts of Back on the Wave- logoed singage (floor stickers and window cling decal) for businesses to promote that they are conducting business in a COVID-safe manner.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	\$99,921.43	\$99,921.43	\$99,921.43	\$99,921.43
<b>Total</b>		\$99,921.43	\$99,921.43	\$99,921.43	\$99,921.43

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	11/19/2020	11/19/2020	\$99,921.43	Small Business Assistance		
<b>Total:</b>						\$99,921.43	

### Sub Screen: Contractor Name 155

34	Sub-Recipient Organization (Contractor)*	BOUND TREE MEDICAL, LLC-070556204		
35	Contract Number*	PO-ESD-2100128		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$167,500.00
38	Contract Date *	10/01/2020		
39	Period of Performance Start Date *	10/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	23537 Network Pl		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chicago		
45	Primary Place of Performance State Code *	IL		
46	Primary Place of Performance Zip+4 *	60673-1235		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	P89 2020-128 Gloves		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$167,500.00	\$167,500.00	\$43,751.00	\$43,751.00
<b>Total</b>		\$167,500.00	\$167,500.00	\$43,751.00	\$43,751.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	10/13/2020	10/13/2020	\$28,156.75	Personal Protective Equipment		
Line 2	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	12/08/2020	12/11/2020	\$3,350.00	Personal Protective Equipment		
Line 3	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	12/10/2020	12/10/2020	\$12,244.25	Personal Protective Equipment		
<b>Total:</b>							\$43,751.00

### Sub Screen: Contractor Name 155

34	Sub-Recipient Organization (Contractor)*	HAWAII MASK LLC-130198454		
35	Contract Number*	SP-ESD-2101165		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$68,062.80
38	Contract Date *	10/02/2020		
39	Period of Performance Start Date *	10/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	742 Queen St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5279		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	P89 2020-293 Level 2 Disposable Masks (100,000)		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$68,062.80	\$68,062.80	\$0.00	\$0.00
<b>Total</b>		\$68,062.80	\$68,062.80	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 156

34	Sub-Recipient Organization (Contractor)*	W. W. GRAINGER, INC.-005103494		
35	Contract Number*	PO-ESD-2100165		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$377,383.72		
38	Contract Date *	10/16/2020		
39	Period of Performance Start Date *	10/16/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2833 Paa St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-4406		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	P89 2020-286 - Gloves of Butyl Rubber (40 ea)		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$377,383.72	\$377,383.72	\$0.00	\$0.00
<b>Total</b>		\$377,383.72	\$377,383.72	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 157

34	Sub-Recipient Organization (Contractor)*	STAR PROTECTION AGENCY LLC-81312		
35	Contract Number*	SP-HFD-2101242		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$56,208.19		
38	Contract Date *	07/01/2020		
39	Period of Performance Start Date *	07/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	846 S Hotel St Ste 200		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-2583		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	E.P. No. 2020-223 On-site Security Guard Service for WMF for July-Dec 2020		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-017 - CARES Program Management & Support Services	\$56,208.19	\$56,208.19	\$56,208.19	\$56,208.19
<b>Total</b>		\$56,208.19	\$56,208.19	\$56,208.19	\$56,208.19

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-017 - CARES Program Management & Support Services	08/01/2020	09/30/2020	\$22,373.08	Administrative Expenses		
Line 2	CCHNL20-017 - CARES Program Management & Support Services	10/01/2020	10/31/2020	\$11,208.99	Administrative Expenses		
Line 3	CCHNL20-017 - CARES Program Management & Support Services	11/01/2020	12/30/2020	\$22,626.12	Administrative Expenses		
<b>Total:</b>							\$56,208.19

### Sub Screen: Contractor Name 158

34	Sub-Recipient Organization (Contractor)*	FASTENAL COMPANY-960342327		
35	Contract Number*	DO-HFD-2100859		
36	Contract Type*	Delivery Order		
37	Contract Amount*			\$54,195.30
38	Contract Date *	10/23/2020		
39	Period of Performance Start Date *	10/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 1286		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Winona		
45	Primary Place of Performance State Code *	MN		
46	Primary Place of Performance Zip+4 *	55987-7286		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	E.P. #2020-369 Air purifiers and filters		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$54,195.30	\$54,195.30	\$0.00	\$0.00
<b>Total</b>		\$54,195.30	\$54,195.30	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 159

34	Sub-Recipient Organization (Contractor)*	ABLE DISTRIBUTORS INC-091802108		
35	Contract Number*	PO-HFD-2100179		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$991,704.32		
38	Contract Date *	10/29/2020		
39	Period of Performance Start Date *	10/29/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	96-1276 Waihona St Ste 118		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Pearl City		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96782-1972		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	E.P. 2020-419 3M Powered Air Purifying Respirators (PAPR) and components.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$991,704.32	\$991,704.32	\$0.00	\$0.00
<b>Total</b>		\$991,704.32	\$991,704.32	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 160

34	Sub-Recipient Organization (Contractor)*	MOTOROLA SOLUTIONS, INC.-001325463		
35	Contract Number*	DO-HFD-2100960		
36	Contract Type*	Delivery Order		
37	Contract Amount*			\$60,981.56
38	Contract Date *	10/30/2020		
39	Period of Performance Start Date *	10/30/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	13108 Collections Ctr Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chicago		
45	Primary Place of Performance State Code *	IL		
46	Primary Place of Performance Zip+4 *	60693-0001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	EP 2020-328 - (11) Motorola P25 Mobile Radios - APX6500 - for RRV		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$60,981.56	\$60,981.56	\$60,981.56	\$60,981.56
<b>Total</b>		\$60,981.56	\$60,981.56	\$60,981.56	\$60,981.56

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	11/09/2020	11/09/2020	\$60,981.56	Public Health Expenses		
<b>Total:</b>						\$60,981.56	



### Sub Screen: Contractor Name 161

34	Sub-Recipient Organization (Contractor)*	IHS, THE INSTITUTE FOR HUMAN SERVICES, INC-960912467		
35	Contract Number*	SP-HPD-2101429		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$98,000.00
38	Contract Date *	10/29/2020		
39	Period of Performance Start Date *	10/29/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	546 Kaaahi St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-4630		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	The Institute of Human Services (IHS) will provide guest services, case management, and health services		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-017 - CARES Program Management & Support Services	\$98,000.00	\$98,000.00	\$0.00	\$0.00
<b>Total</b>		\$98,000.00	\$98,000.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 162

34	Sub-Recipient Organization (Contractor)*	HARMER RADIO AND ELECTRONICS, INC.-182003962		
35	Contract Number*	SP-HPD-2101476		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$84,397.67
38	Contract Date *	10/30/2020		
39	Period of Performance Start Date *	10/30/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	300 Hoohana St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kahului		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96732-2966		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	P-89 2020-356 lights and sirens for atv		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$84,397.67	\$84,397.67	\$0.00	\$0.00
<b>Total</b>		\$84,397.67	\$84,397.67	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 164

34	Sub-Recipient Organization (Contractor)*	MOUNTAIN CONTAINER TRADING INC-117183584		
35	Contract Number*	PO-HFD-2100215		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$334,837.56
38	Contract Date *	11/19/2020		
39	Period of Performance Start Date *	11/19/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	12177 Turah Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Clinton		
45	Primary Place of Performance State Code *	MT		
46	Primary Place of Performance Zip+4 *	59825-9777		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	0		
50	Contract Description *	2020-467 - 40 ft HC Reefer Trailer		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$334,837.56	\$334,837.56	\$0.00	\$0.00
<b>Total</b>		\$334,837.56	\$334,837.56	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 164

34	Sub-Recipient Organization (Contractor)*	AIRGAS USA, LLC-824923106		
35	Contract Number*	PO-ESD-2100189		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$518,324.40		
38	Contract Date *	11/05/2020		
39	Period of Performance Start Date *	11/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2305 Kamehameha Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2311		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	P89 2020-483 N95 Masks		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$518,324.40	\$518,324.40	\$0.00	\$0.00
<b>Total</b>		\$518,324.40	\$518,324.40	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 165

34	Sub-Recipient Organization (Contractor)*	ABATEMENT TECHNOLOGIES, INC.-173503806		
35	Contract Number*	SP-ESD-2101297		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$84,696.21
38	Contract Date *	11/09/2020		
39	Period of Performance Start Date *	11/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	605 Satellite Blvd NW		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Suwanee		
45	Primary Place of Performance State Code *	GA		
46	Primary Place of Performance Zip+4 *	30024-4611		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	P89 2020-245 Predator Port Air Scrubber (66 each)		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$84,696.21	\$84,696.21	\$84,696.21	\$84,696.21
<b>Total</b>		\$84,696.21	\$84,696.21	\$84,696.21	\$84,696.21

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	12/10/2020	12/10/2020	\$84,696.21	Personal Protective Equipment		
<b>Total:</b>						\$84,696.21	

### Sub Screen: Contractor Name 166

34	Sub-Recipient Organization (Contractor)*	J. Kadowaki, Inc.-VS9938		
35	Contract Number*	PO-DDC-2100191		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,191,107.00		
38	Contract Date *	09/01/2020		
39	Period of Performance Start Date *	09/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	518 Ahui St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5302		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	P89 2020-445 E.P. No. 835 - Fasi Municipal Building - Protective Lobby Entries for Floors 2 - 15		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	\$1,191,107.00	\$1,191,107.00	\$1,191,107.00	\$1,191,107.00
<b>Total</b>		\$1,191,107.00	\$1,191,107.00	\$1,191,107.00	\$1,191,107.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	09/01/2020 10/31/2020	\$626,841.00	Public Health Expenses		
Line 2	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	09/01/2020 10/31/2020	\$276,900.00	Public Health Expenses		
Line 3	CCHNL20-007 - Providing PPE for City Employees other than	09/01/2020 10/31/2020	\$287,366.00	Public Health Expenses		

	Frontliners						
<b>Total:</b>							\$1,191,107.00

### Sub Screen: Contractor Name 167

34	Sub-Recipient Organization (Contractor)*	ALII Security Systems, Inc.-104520		
35	Contract Number*	PO-DCS-2100201		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$67,355.79
38	Contract Date *	11/16/2020		
39	Period of Performance Start Date *	11/16/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2552 Lemon Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96815-3740		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To provide 24/7 Security Guard Services for Lemon Road property - isolation, quarantine and health services location to mitigate the spread of Covid 19		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-017 - CARES Program Management & Support Services	\$67,355.79	\$67,355.79	\$0.00	\$0.00
<b>Total</b>		\$67,355.79	\$67,355.79	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00



### Sub Screen: Contractor Name 168

34	Sub-Recipient Organization (Contractor)*	VIP SANITATION, INC.-113219307		
35	Contract Number*	PO-DCS-2100217		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$120,649.18		
38	Contract Date *	11/25/2020		
39	Period of Performance Start Date *	11/25/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	10 Sand Island Pkwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-4355		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To operate and service portable shower trailers at the Hale Mauiola Project, a shelter which serves homeless persons, to prevent Covid outbreak.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-016 - Hygiene Assistance for Vulnerable Populations	\$120,649.18	\$120,649.18	\$0.00	\$0.00
<b>Total</b>		\$120,649.18	\$120,649.18	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 170

34	Sub-Recipient Organization (Contractor)*	2586 KALAKAUA OWNER LP-117134710		
35	Contract Number*	PO-DLM-2100188		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$150,000.00
38	Contract Date *	10/15/2020		
39	Period of Performance Start Date *	10/15/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2586 Kalakaua Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96815-6614		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Lease of Park Shore Waikiki Hotel - CV19 quarantine station		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-011 - Leasing office space/ properties to allow for Social Distancing	\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
<b>Total</b>		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-011 - Leasing office space/ properties to allow for Social Distancing	10/15/2020	12/30/2020	\$150,000.00	Public Health Expenses		
<b>Total:</b>						\$150,000.00	

### Sub Screen: Contractor Name 171

34	Sub-Recipient Organization (Contractor)*	BE WELL HAWAII OHANA, LLC-117501687		
35	Contract Number*	PO-MAY-2100168		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$810,975.00		
38	Contract Date *	11/06/2020		
39	Period of Performance Start Date *	11/06/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1221 Kapiolani Blvd Ste 940		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96814-3502		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Delivery of the PPE Business Bundles will be to the first 2,500 businesses that have signed up as a "Participating Business" through the CITY's Back on the Wave program.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	\$810,975.00	\$810,975.00	\$648,780.00	\$648,780.00
<b>Total</b>		\$810,975.00	\$810,975.00	\$648,780.00	\$648,780.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	11/06/2020	12/02/2020	\$648,780.00	Personal Protective Equipment		
<b>Total:</b>						\$648,780.00	

### Sub Screen: Contractor Name 172

34	Sub-Recipient Organization (Contractor)*	UNIVERSITY OF HAWAII SYSTEMS-965088057		
35	Contract Number*	PO-MAY-2100181		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$3,000,000.00		
38	Contract Date *	09/15/2020		
39	Period of Performance Start Date *	09/15/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2500 Campus Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96822-2217		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	In Fall 2020, The University of Hawaii Community Colleges and UH Manoa (UH) will provide short term training to Honolulu residents whose were displaced due to COVID. UH will connect COVID-impacted Honolulu residents with immediate or near-term employment.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-015 - Economic Support for Vulnerable Populations	\$3,000,000.00	\$3,000,000.00	\$933,319.25	\$933,319.25
<b>Total</b>		\$3,000,000.00	\$3,000,000.00	\$933,319.25	\$933,319.25

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>			\$0.00		

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-015 - Economic Support for Vulnerable Populations	11/23/2020	11/23/2020	\$933,319.25	Economic Support (Other than Small Business, Housing, and Food Assistance)		
<b>Total:</b>						\$933,319.25	

### Sub Screen: Contractor Name 173

34	Sub-Recipient Organization (Contractor)*	Robert's Tours & Transportation, Inc.-VS0663		
35	Contract Number*	PO-MAY-2100193		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$538,000.00
38	Contract Date *	11/06/2020		
39	Period of Performance Start Date *	11/06/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	300 Rodgers Blvd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-1890		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To provide immediate staffing at DK1 Airport to assist with educating the arriving visitors and local community through distribution of flyers, collateral materials, and help usher people to the City's Mobile Testing site/swab teams		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	\$538,000.00	\$538,000.00	\$151,602.35	\$151,602.35
<b>Total</b>		\$538,000.00	\$538,000.00	\$151,602.35	\$151,602.35

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	11/16/2020 12/14/2020	\$151,602.35	Public Health Expenses		
<b>Total:</b>						\$151,602.35

### Sub Screen: Contractor Name 174

34	Sub-Recipient Organization (Contractor)*	UNIVERSITY OF HAWAII SYSTEMS-965088057		
35	Contract Number*	PO-MAY-2100194		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$119,000.00		
38	Contract Date *	11/10/2020		
39	Period of Performance Start Date *	11/10/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2500 Campus Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96822-2217		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	<p>The Healthy and Resilient Buildings Initiative is a program to provide funding to conduct public health and energy assessments and install remediation measures targeted to sectors deeply impacted by the coronavirus pandemic and the consequent collapse in local economic activity and tourism. A primary objective of the Initiative is to provide immediate relief to small businesses from the coronavirus pandemic and enable a healthy and safe restart to retain and expand jobs to keep our economy going.</p>		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-028 - Healthy and Resilient Building initiative	\$119,000.00	\$119,000.00	\$0.00	\$0.00
<b>Total</b>		\$119,000.00	\$119,000.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 175

34	Sub-Recipient Organization (Contractor)*	OAHU ECONOMIC DEVELOPMENT BOARD-139127836		
35	Contract Number*	PO-MAY-2100183		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,000,000.00		
38	Contract Date *	11/19/2020		
39	Period of Performance Start Date *	11/19/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	735 Bishop St Ste 424		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-4820		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	This contract is to establish the Small Business Resource Network (SBRN) to facilitate a network of technical assistance providers and community organizations providing services to all Oahu small businesses and small business owners impacted by COVID-19.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00
<b>Total</b>		\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Category Description
Line 1				\$0.00	
<b>Total:</b>				\$0.00	

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	11/24/2020	11/24/2020	\$1,000,000.00	Small Business Assistance		
<b>Total:</b>						\$1,000,000.00	

### Sub Screen: Contractor Name 176

34	Sub-Recipient Organization (Contractor)*	Fernweh Technology, LLC-VS18010		
35	Contract Number*	PO-MAY-2100144		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$80,000.00		
38	Contract Date *	09/21/2020		
39	Period of Performance Start Date *	09/21/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	43 Sterling Pl		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Brooklyn		
45	Primary Place of Performance State Code *	NY		
46	Primary Place of Performance Zip+4 *	11217-3203		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	9		
50	Contract Description *	This website will serve as a substantial resource to businesses for COVID-19 mitigation practices, government grant programs, business consulting, training, webinars, and overall economic recovery.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	\$80,000.00	\$80,000.00	\$76,200.00	\$76,200.00
<b>Total</b>		\$80,000.00	\$80,000.00	\$76,200.00	\$76,200.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-001 - Small Business Assistance - Small Business Relief Program	12/04/2020	12/04/2020	\$76,200.00	Small Business Assistance		
<b>Total:</b>						\$76,200.00	



### Sub Screen: Contractor Name 177

34	Sub-Recipient Organization (Contractor)*	Hawaii Hospital Education and Research Foundation-VS18180		
35	Contract Number*	PO-MAY-2100195		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$3,000,000.00		
38	Contract Date *	11/30/2020		
39	Period of Performance Start Date *	11/30/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	707 Richards St Ste ph2		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-4623		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To support healthcare staffing for the direct care of COVID-19 patients and for PPE and other equipment needed by healthcare workers by Hawaii Hospital Education and Research Foundation (HHERF)		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00
<b>Total</b>		\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-007 - Providing PPE for City Employees other than Frontliners	12/02/2020 12/23/2020	\$3,000,000.00	Medical Expenses		
<b>Total:</b>						\$3,000,000.00

### Sub Screen: Contractor Name 178

34	Sub-Recipient Organization (Contractor)*	KUPU-825068047		
35	Contract Number*	PO-MAY-2100222		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$2,420,000.00		
38	Contract Date *	11/01/2020		
39	Period of Performance Start Date *	11/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	677 Ala Moana Blvd Ste 1200		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5412		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	With significant job losses due to COVID-19 business closures, this fund will provide the opportunity for those currently unemployed or underemployed to get paid internships in the conservation and land restoration industry. This initiative will further diversify the economy to decrease economic dependence on tourism.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-015 - Economic Support for Vulnerable Populations	\$2,420,000.00	\$2,420,000.00	\$0.00	\$0.00
<b>Total</b>		\$2,420,000.00	\$2,420,000.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 179

34	Sub-Recipient Organization (Contractor)*	JUDICIARY COURTS OF THE STATE OF HAWAII-956706832		
35	Contract Number*	PO-DCS-2100196		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$140,000.00
38	Contract Date *	10/01/2020		
39	Period of Performance Start Date *	10/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	417 S King St # 206		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-2943		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Provide the Hawaii State Judiciary with financial assistance for costs to be incurred for processing and resolving criminal citations for violations of the COVID-19 emergency orders.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-013 - Communication/enforcement of public health orders	\$140,000.00	\$140,000.00	\$0.00	\$0.00
<b>Total</b>		\$140,000.00	\$140,000.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 179

34	Sub-Recipient Organization (Contractor)*	HAWAII NISSAN, INC.-108422		
35	Contract Number*	SP-HPD-2101526		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$76,540.54
38	Contract Date *	11/05/2020		
39	Period of Performance Start Date *	11/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2295 N King St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-4530		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	EP#2020-375, Nissan 12 Passenger Vans		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$76,540.54	\$76,540.54	\$76,540.54	\$76,540.54
<b>Total</b>		\$76,540.54	\$76,540.54	\$76,540.54	\$76,540.54

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-018 - COVID Response Equipment	11/30/2020   11/30/2020	\$76,540.54	Administrative Expenses		
<b>Total:</b>						\$76,540.54

### Sub Screen: Contractor Name 180

34	Sub-Recipient Organization (Contractor)*	DAILEY AND WELLS COMMUNICATIONS, INC.-010551315		
35	Contract Number*	PO-HPD-2100204		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$229,737.16		
38	Contract Date *	11/16/2020		
39	Period of Performance Start Date *	11/16/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3440 E Houston St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	San Antonio		
45	Primary Place of Performance State Code *	TX		
46	Primary Place of Performance Zip+4 *	78219-3814		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	35		
50	Contract Description *	FEATURE PACKAGE,P25 TRUNKING & EDACS		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-005 - Improving Telework Capabilities of the City	\$229,737.16	\$229,737.16	\$0.00	\$0.00
<b>Total</b>		\$229,737.16	\$229,737.16	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 181

34	Sub-Recipient Organization (Contractor)*	Hawaii HOME Project-VS0000018		
35	Contract Number*	SP-HPD-2101450		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$84,000.00
38	Contract Date *	11/05/2020		
39	Period of Performance Start Date *	11/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	651 Ilalo St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-5525		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Hawaii Homeless Outreach & Medical Education (HOME) project will provide a mobile medical clinic		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-019 - Provisional Outdoor Screening and Triage (POST)	\$84,000.00	\$84,000.00	\$36,000.00	\$36,000.00
<b>Total</b>		\$84,000.00	\$84,000.00	\$36,000.00	\$36,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-019 - Provisional Outdoor Screening and Triage (POST)	11/24/2020   11/24/2020	\$36,000.00	Public Health Expenses		
<b>Total:</b>						\$36,000.00

### Sub Screen: Contractor Name 182

34	Sub-Recipient Organization (Contractor)*	ARAMSCO, INC.-004961140		
35	Contract Number*	SP-HPD-2101662		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$58,183.80
38	Contract Date *	11/20/2020		
39	Period of Performance Start Date *	11/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2935 Whipple Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Union City		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	94587-1207		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			15
50	Contract Description *	Clorox Total 360 Electrostatic Disinfecting Sanitizing Power Spray		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-020 - Disinfection Services and equipment	\$58,183.80	\$58,183.80	\$0.00	\$0.00
<b>Total</b>		\$58,183.80	\$58,183.80	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 183

34	Sub-Recipient Organization (Contractor)*	AED INSTITUTE OF AMERICA INC-171821486		
35	Contract Number*	PO-HPD-2100218		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$417,686.50
38	Contract Date *	11/27/2020		
39	Period of Performance Start Date *	11/27/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	801 S King St Ste 100		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96813-3053		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Purashield 500 portable antimicrobial air filtration system		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-019 - Provisional Outdoor Screening and Triage (POST)	\$417,686.50	\$417,686.50	\$0.00	\$0.00
<b>Total</b>		\$417,686.50	\$417,686.50	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00



### Sub Screen: Contractor Name 184

34	Sub-Recipient Organization (Contractor)*	AIR SHELTERS USA LLC-080359957		
35	Contract Number*	PO-HPD-2100219		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$738,733.00		
38	Contract Date *	11/27/2020		
39	Period of Performance Start Date *	11/27/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	650 SW 16th Ter		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Pompano Beach		
45	Primary Place of Performance State Code *	FL		
46	Primary Place of Performance Zip+4 *	33069-4533		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	20		
50	Contract Description *	ZUMRO Model 400 Shelter System, Tan, Heavy Duty		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-019 - Provisional Outdoor Screening and Triage (POST)	\$738,733.00	\$738,733.00	\$0.00	\$0.00
<b>Total</b>		\$738,733.00	\$738,733.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 184

34	Sub-Recipient Organization (Contractor)*	W. S. DARLEY & CO.-005094842		
35	Contract Number*	PO-HFD-2100229		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$111,083.50		
38	Contract Date *	12/04/2020		
39	Period of Performance Start Date *	12/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	325 Spring Lake Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Itasca		
45	Primary Place of Performance State Code *	IL		
46	Primary Place of Performance Zip+4 *	60143-2072		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	8		
50	Contract Description *	EP #2020-541 Innotech Stedair TX L3 Isolation Gowns		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-006 - Providing PPE for Frontliners (HPD, HFD, ESD)	\$111,083.50	\$111,083.50	\$0.00	\$0.00
<b>Total</b>		\$111,083.50	\$111,083.50	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 185

34	Sub-Recipient Organization (Contractor)*	OPERATIVE EXPERIENCE, INC.-827977435		
35	Contract Number*	PO-HFD-2100245		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$162,526.00
38	Contract Date *	12/14/2020		
39	Period of Performance Start Date *	12/14/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	500 Principio Pkwy W Ste 900		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	North East		
45	Primary Place of Performance State Code *	MD		
46	Primary Place of Performance Zip+4 *	21901-2915		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	"P-89 #2020-562 Trauma casualty Care Simulators (TCCS) Female"		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$162,526.00	\$162,526.00	\$0.00	\$0.00
<b>Total</b>		\$162,526.00	\$162,526.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 186

34	Sub-Recipient Organization (Contractor)*	CELLCO PARTNERSHIP-968904698		
35	Contract Number*	SP-HFD-2101971		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$73,039.15		
38	Contract Date *	12/29/2020		
39	Period of Performance Start Date *	12/29/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1 Verizon Way		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Basking Ridge		
45	Primary Place of Performance State Code *	NJ		
46	Primary Place of Performance Zip+4 *	07920-1025		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	7		
50	Contract Description *	EP 2020-105 - Surge Testing - CARES Act Funds - monthly service fr 8/27/20 - 12/25/20		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$73,039.15	\$73,039.15	\$0.00	\$0.00
<b>Total</b>		\$73,039.15	\$73,039.15	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 187

34	Sub-Recipient Organization (Contractor)*	Mobility Capital Finance, Inc.-VS17761		
35	Contract Number*	PO-MAY-2100227		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,908,800.04		
38	Contract Date *	12/03/2020		
39	Period of Performance Start Date *	12/03/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1 Washington Park		
42	Primary Place of Performance Address Line 2	7th Floor		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Newark		
45	Primary Place of Performance State Code *	NJ		
46	Primary Place of Performance Zip+4 *	07102-3122		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	10		
50	Contract Description *	The Immediate Response Card (IRC)/ City Card is a pilot program to distribute funds through a MasterCard debit card (MC) to City and County of Honolulu households that have fallen into deep economic hardship due to COVID-19 because at least one household member has lost a job or experienced a reduction in income.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	\$1,908,800.04	\$1,908,800.04	\$1,908,608.64	\$1,908,608.64
<b>Total</b>		\$1,908,800.04	\$1,908,800.04	\$1,908,608.64	\$1,908,608.64

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-003 - Food Assistance	12/03/2020   12/03/2020	\$1,908,608.64	Food Programs		
<b>Total:</b>						\$1,908,608.64

### Sub Screen: Contractor Name 188

34	Sub-Recipient Organization (Contractor)*	Mobility Capital Finance, Inc.-VS17761		
35	Contract Number*	PO-MAY-2100233		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$124,136.40
38	Contract Date *	12/08/2020		
39	Period of Performance Start Date *	12/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1 Washington Park Fl 7		
42	Primary Place of Performance Address Line 2	1 Washington Park, 7th Floor		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Newark		
45	Primary Place of Performance State Code *	NJ		
46	Primary Place of Performance Zip+4 *	07102-3117		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			10
50	Contract Description *	The Immediate Response Card (IRC)/ City Card is a pilot program to distribute funds through a MasterCard debit card (MC) to City and County of Honolulu households that have fallen into deep economic hardship due to COVID-19 because at least one household member has lost a job or experienced a reduction in income.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	\$124,136.40	\$124,136.40	\$124,136.40	\$124,136.40
<b>Total</b>		\$124,136.40	\$124,136.40	\$124,136.40	\$124,136.40

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-003 - Food Assistance	12/08/2020	12/08/2020	\$124,136.40	Food Programs		
<b>Total:</b>							\$124,136.40

### Sub Screen: Contractor Name 189

34	Sub-Recipient Organization (Contractor)*	United Fishing Agency, Ltd.-VS17946		
35	Contract Number*	PO-MAY-2100253		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$160,312.97		
38	Contract Date *	12/28/2020		
39	Period of Performance Start Date *	12/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1131 N Nimitz Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96817-4522		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	The upgrades will allow the United Fishing Agency to purchase items such as sanitizing materials , plexiglass dividers, face masks, air purifiers, and to also implement an automated auction system which will help to limit face-to-face exposure to both buyers and auction staff.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-008 - Provide Sanitizing Equipment and Supplies for Public Transportation Facilities and Equipment	\$160,312.97	\$160,312.97	\$0.00	\$0.00
<b>Total</b>		\$160,312.97	\$160,312.97	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 190

34	Sub-Recipient Organization (Contractor)*	HAWAII FOODBANK, INC.-103901799		
35	Contract Number*	PO-DCS-2100241		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$200,000.00
38	Contract Date *	12/16/2020		
39	Period of Performance Start Date *	12/18/2020		
40	Period of Performance End Date *	12/18/2020		
41	Primary Place of Performance Address Line 1 *	2611 Kilihau St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96819-2021		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Hawaii Food Bank's procurement of food items to distribute to 3,500 households, who have been adversely impacted by the COVID-19 pandemic, on December 18, 2020.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00
<b>Total</b>		\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CCHNL20-003 - Food Assistance	12/18/2020	12/18/2020	\$200,000.00	Food Programs		
<b>Total:</b>							\$200,000.00



### Sub Screen: Contractor Name 191

34	Sub-Recipient Organization (Contractor)*	Malama Meals United-VS18285		
35	Contract Number*	PO-DCS-2100234		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$300,000.00
38	Contract Date *	12/15/2020		
39	Period of Performance Start Date *	12/15/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	2469 S King St		
42	Primary Place of Performance Address Line 2	Ste 2A		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Honolulu		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96826-5801		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Malama Meals partners with multiple businesses to provide meals to those experiencing food insecurity due to COVID-19.		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-003 - Food Assistance	\$300,000.00	\$300,000.00	\$0.00	\$0.00
<b>Total</b>		\$300,000.00	\$300,000.00	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 192

34	Sub-Recipient Organization (Contractor)*	HENRY SCHEIN, INC.-012430880		
35	Contract Number*	SP-ESD-2101756		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$67,245.12
38	Contract Date *	12/01/2020		
39	Period of Performance Start Date *	12/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	135 Duryea Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Melville		
45	Primary Place of Performance State Code *	NY		
46	Primary Place of Performance Zip+4 *	11747-3834		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			3
50	Contract Description *	P89 #2020-472 COVID RAPID TEST KITS		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-009 - Providing Covid-19 Testing and Contact Tracing Services	\$67,245.12	\$67,245.12	\$0.00	\$0.00
<b>Total</b>		\$67,245.12	\$67,245.12	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 193

34	Sub-Recipient Organization (Contractor)*	HENRY SCHEIN, INC.-012430880		
35	Contract Number*	PO-ESD-2100239		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$74,134.33		
38	Contract Date *	12/14/2020		
39	Period of Performance Start Date *	12/14/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	135 Duryea Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Melville		
45	Primary Place of Performance State Code *	NY		
46	Primary Place of Performance Zip+4 *	11747-3834		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	3		
50	Contract Description *	P89 2020-439 RH-N95 Decontamination System		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-020 - Disinfection Services and equipment	\$74,134.33	\$74,134.33	\$0.00	\$0.00
<b>Total</b>		\$74,134.33	\$74,134.33	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00

### Sub Screen: Contractor Name 194

34	Sub-Recipient Organization (Contractor)*	Emergency Medical Supply LLC-VS0018269		
35	Contract Number*	PO-HPD-2100232		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$171,238.58		
38	Contract Date *	12/09/2020		
39	Period of Performance Start Date *	12/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	81 Clinton Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	New Hartford		
45	Primary Place of Performance State Code *	NY		
46	Primary Place of Performance Zip+4 *	13413-1912		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	22		
50	Contract Description *	AMBU-STAT STARTER SET includes fogging system, remote timer, vial of Actril test strips-chemical		

### Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CCHNL20-018 - COVID Response Equipment	\$171,238.58	\$171,238.58	\$0.00	\$0.00
<b>Total</b>		\$171,238.58	\$171,238.58	\$0.00	\$0.00

### Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
<b>Total:</b>					\$0.00

### Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
<b>Total:</b>						\$0.00