	NOT	TCE TO REQUE	STER
TO:	R. Brian Black (Requester's name)		
FROM:	700 Bishop Street, Suite Honolulu, HI 96813 (808) 531-4000; request+6		r, & email address)
DATE THA	AT THE RECORD REQUES	T WAS RECEIVED BY A	GENCY: 3/25/21
DATE OF	THIS NOTICE: 5/5/21		
GOVERNM 1. See attac 2. 3. 4.		VESTED (attach copy of requ	est or provide brief description below):
THIS NOT	ICE IS TO INFORM YOU TH	AT YOUR RECORD REQ	UEST:
⊠ Will be	granted in its entirety.		
Canno	Agency does not maintain t Other agency that is believe Agency needs further clarif and provide the following in	he records. (HRS § 92F-3) ed to maintain records: ication or description of the r nformation: create a summary or compile	records for the following reason: records requested. Please contact the agency retion from records, but requested information
Alth on t		the requested records, it HRS § 92F-13 and/or § 92F	is not disclosing all or part of them based -22 or other laws cited below.
RECORDS (INFORMA	OR <u>TION WITHHELD</u>	APPLICABLE STATUTES	AGENCY <u>JUSTIFICATION</u>
REQUEST	ER'S RESPONSIBILITIES:		
•			

You are required to (1) pay any lawful fees and costs assessed; (2) make any necessary arrangements with the agency to inspect, copy or receive copies as instructed below; and (3) provide the agency any additional information requested. If you do not comply with the requirements set forth in this notice within 20 business days after the postmark date of this notice or the date the agency makes the records available, you will be presumed to have abandoned your request

and the agency shall have no further duty to process your request. Once the agency begins to process your request, you may be liable for any fees and costs incurred. If you wish to cancel or modify your request, you must advise the agency upon receipt of this notice.

METHOD & TIMING OF DISCLOSURE:

Records available for public access in their entireties must be disclosed within a reasonable time, not to exceed 10 business days from the date the request was received, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days after this notice or after receipt of any prepayment required. HAR § 2-71-13(c). If incremental disclosure is authorized by HAR § 2-71-15, the first increment must be disclosed within 5 business days of this notice or after receipt of any prepayment required.

Metho	od of Disclosure:
	Inspection at the following location: As requested, a copy of the record(s) will be provided in the following manner: Available for pick-up at the following location: Will be mailed to you. Will be transmitted to you by other means requested:
Timin	ng of Disclosure: All records, or the first increment if applicable, will be made available or provided to you:
	On, 20 After prepayment of 50% of fees and 100% of costs, as estimated below.
For in	The prior increment (if one prepayment of fees is required and received), or Receipt of each incremental prepayment, if prepayment for each increment is required.
	Records will be disclosed in increments because the records are voluminous and the following
	extenuating circumstances exist: Agency must consult with another person to determine whether the record is exempt from disclosure under HRS chapter 92F.
	Request requires extensive agency efforts to search, review, or segregate the records or otherwise prepare the records for inspection or copying.
	Agency requires additional time to respond to the request in order to avoid an unreasonable interference with its other statutory duties and functions.
	A natural disaster or other situation beyond agency's control prevents agency from responding to the request within 10 business days.

ESTIMATED FEES & COSTS AND PAYMENT:

FEES: For personal record requests under Part III of chapter 92F, HRS, the agency may charge you for its costs only, and fee waivers do not apply.

For public record requests under Part II of chapter 92F, HRS, the agency is authorized to charge you fees to search for, review, and segregate your request (even if a record is subsequently found to not exist or will not be disclosed in its entirety). The agency must waive the first \$30 in fees assessed for general requesters, OR in the alternative, the first \$60 in fees when the agency finds that the request is made in the public interest. Only one waiver is provided for each request. See HAR §§ 2-71-19, -31 and -32.

COSTS: For either personal or public record requests, the agency may charge you for the costs of copying and delivering records in response to your request, and other lawful fees and costs.

PREPAYMENT: The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. If a prepayment is required, the agency may wait to start any search for or review of the records until the prepayment is received by the agency. Additionally, if you have outstanding fees or costs from previous requests, including abandoned requests, the agency may require prepayment of 100% of the unpaid balance from prior requests before it begins any search or review for the records you are now seeking.

The following is an itemization of what you must pay, based on the estimated fees and costs that the agency will charge you and the applicable waiver amount that will be deducted:

For pu	blic record requests onl	<u>y</u> :	
Fees:	Search	Estimate of time to be spent: hours \$ (\$2.50 for each 15-minute period)	
	Review & segregation	Estimate of time to be spent: hours \$	
	Ti : 1	(\$5.00 for each 15-minute period)	
	Fees waived	general (\$30), <u>OR</u> public interest (\$60) <\$ > (Only one waiver per request)	
	Other	<u> </u>	
		(Pursuant to HAR §§ 2-71-19 & 2-71-31)	
	Total Estimated Fees:	\$	
For pu	ablic or personal record	requests:	
Costs:	Copying	Estimate of # of pages to be copied: \$ (@ \$ per page, pursuant to HRS § 92-21)	
	Delivery	Postage \$	
	0.1	ф	
	Other	\$	
	Total Estimated Costs:	\$	
TOTAI	L ESTIMATED FEES AN	D COSTS from above:	\$
		costs above are for the first incremental disclosure only. er fee waivers, will apply to future incremental disclosure	
	PREPAYMENT IS REQU	UIRED (50% of fees + 100% of costs, as estimated above)	\$
	UNPAID BALANCE FRO	OM PRIOR REQUESTS (100% must be paid before work begin	s) \$
TOTA	AL AMOUNT DUE A	AT THIS TIME	\$
	Payment may be made by:	cash personal check payable to other	

For questions about this notice or the records being sought, please contact the agency person named at the beginning of this form. Please note that the Office of Information Practices (OIP) does not maintain the records of other agencies, and a requester must seek records directly from the agency it believes maintains the records. If the agency denies or fails to respond to your written request for records or if you have other

questions regarding compliance with the UIPA, then you may contact O oip@hawaii.gov, or 250 South Hotel Street, Suite 107, Honolulu, Hawaii 96813.	IP at (808) 586-1400,
oiponawan.gov, or 200 boatin flower bureout, batter 101, fibiliotata, flawair 50015.	
	OIP (rev. 12/1/2015)

OHCD

From: R. Brian Black < request + 6n8dy5539c@foi.uipa.org >

Sent: Thursday, March 25, 2021 2:23 PM

To: OHCD

Subject: Records Request for Office of Housing & Community Development: UIPA Log [#415]

Attachments: form1_records_request.pdf

Aloha,

Pursuant to the public records law, I would like to request the following records in electronic format sent to my email address.

The UIPA Record Request Log(s) used by the Office of Housing and Community Development to track record requests received from July 1, 2019 to June 30, 2020. I am seeking the underlying data spreadsheet(s). I would like the record provided in its original Excel format. It is not my intent that this request require effort that would necessitate fees. If this request is expected to require significant effort, please contact me because there may be a miscommunication.

Mahalo,

R. Brian Black

Civil Beat Law Center for the Public Interest

OHCD

From: R. Brian Black <request+6n8dy5539c@foi.uipa.org>

Sent: Sunday, April 11, 2021 11:56 AM

To: OHCD

Subject: Records Request for Office of Housing & Community Development: UIPA Log [#415]

Please let me know the status of this request.

Regards, Brian

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1	DEPT.	AGENCY	(Exclud		ed without su	•	ew, such as age	•	orms, school tra	inscripts,	COMPLEX	(REQUESTS Circumstances)		··		NAL RESO
2	A	В	С	D	E	F	G	Н	I	J	K	L	М	N	0	Р
H	HAWAII_COUNTY_HOUSING	HAWAII COUNTY/ HOUSING	#	Requester Name or File #	Employee ID	Personal Records Request?	Date Agency Received Request	Agency's	Agency 's Initial Response Sent Within 10 Work Days	Request Needed Initial Clarification	Complex Request?	Agency Gave Incremental Responses?	Date Completed	# of Workdays to Complete	Request Granted in Full	Request Denied in Full
4	DESCRIPTION of data to be entered in each column	Start Log by selecting the department and agency from the drop-down list in boxes A3 and B3 in row above. Do this only once; do not enter data into the highlighted rows below.		If request is on behalf of a for-profit or non-profit organization, business, law firm, insurance company, newspaper/TV/radio station, or other commercial entity, place an asterisk * <u>before</u> name of requester. At Requester's request, name can be "Anonymous." For personal records, use initials or file #.	Initials ok	If YES, enter ONLY ONE "x" per cell	Enter <u>ONLY</u> month/o	<u>ONE date</u> by day/year	another syn	NLY ONE "x" per nbol is entered in ly counted in th	n a cell, then da		Enter ONLY ONE date by mo/day/year	Automatically Calculated	If more	ck only ONE than one "x nly Column U
9	DESCRIPTION of yellow	w "Totals" found below in row 10 🕏	# of all requests	# of businesses/organizations represented by requesters with an * BEFORE names		# of personal records	# of requests	# of notices sent (exclude Acknowledg- ments)	# of Notices, Acknowledg- ments, or completions w/in 10 workdays	# needed initial clarification	# of complex requests	# of requests with incremental responses	# of completed requests	# of workdays to complete ALL requests	# granted	# denied due t exception
10	HAWAII_COUNTY_HOUSING	HAWAII COUNTY/ HOUSING	3	1		0	3	3	2	0	0	0	3	20	2	0
11	AVERAG	ES in this row												6.67		
12			1	Simi McMichaels	RHC		8/12/19	8/13/19	х				08/13/19	2	х	
13			2	*SmartProcure	AB		7/11/19	7/19/19	х				07/19/19	7		
14	ENTER AGENCY DATA	A IN WHITE CELLS ONLY	3	Pacific Resource Partnership	ATM		4/14/20	4/14/20					04/28/20	11	Х	
15			4													1

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2	Q	R	S	T	U	V	W	Х	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	Al
•	Request Granted/ Denied in Part	Agency Ultimately Unable to Respond	-	Requester Abandoned or Failed to Pay	UIPA Lawsuit Filed Against Agency?	Actual Search Hours	Actual Review/ Segre- gation Hours	Actual Legal Review Hours	TOTAL Actual SRS & Legal Review Hours	TOTAL GROSS SRS Fees Incurred	Additional Response Fees Incurred But Not Chargeable	\$30 Fee Waiver	\$60 Public Interest Fee Waiver	Fees for Personal Records	TOTAL NET SRS Fees CHARGEABLE	GROSS Copy/Delivery Costs that Agency INCURRED	NET Copy/Delivery Costs CHARGEABLE to Requester	TOTAL Fees & Costs ACTUALLY PAID by Requesters for ALL Requests	TOTAL NET Fees & Costs CHARGEABLE for ALL Requests
01	or if another roperly cour	r symbol is ent nted in the col	ered in a cell, t umn total amo	Y ONE "x" in th then the data w unt. umns O throug	ill not be	follows: .25 .75 = 4 Use period, decimals, or	L5-minute incre = 15 minutes; I5 min.; 1.0 = not comma, w amount will no E! will show in elsewhere	.50 = 30 min.; 1 hour. hen entering ot be counted	Autom calcu	•	Estimate	if public int granted. anything i indicating p	ne "x" in Col. AC erest waiver is Do <u>not</u> enter n purple cells ersonal record in blue Col. AB	Negative red a	lly calculated. mount does NOT refund is due.	INCLUDE agency's copying costs to review & redact. Gross should be greater than or equal to net costs.	EXCLUDE agency's copying costs to review & redact. Include costs only for requesters', not agencies', copies. Net should be less than or equal to gross costs.	Enter amount paid by requesters, which may be less than Column AI allows	Auton
9	# partially denied due to exception	# agency unable to respond - no record or summary	# withdrawn by requester	# abandoned by requester or no payment	# of lawsuits	# of search hours	# of review & segregation hours	# of non- chargeable legal hours	# of SRS + legal hours	SRS gross fees incurred; excludes nonchargeable personal records	Nonchargeable addt'l fees	# of \$30 waivers when SRS hours are entered; no fractions	# of \$60 public interest fee waivers when SRS hours are entered; no fractions	Nonchargeable PERSONAL records fees; NO positive \$	Net SRS fees chargeable; excludes negative \$, legal review, personal records \$	Gross copy/delivery \$ incurred	Net copy/delivery \$ chargeable	\$ actually paid by requesters	Net \$ chargeable for fees and costs for ALL requests; includes personal records costs, but not fees
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AND COSTS quests			TOTAL FEES Complex Re					ACTUAL I	PAYMENTS BY REQ	UESTERS			
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TOTAL GROSS Fees & Costs Agency INCURRED for ALL Requests	TOTAL GROSS Fees & Costs INCURRED BUT NOT CHARGED for ALL Requests	& Costs	TOTAL NET Fees & Costs CHARGEABLE for COMPLEX Requests	TOTAL GROSS Fees & Costs INCURRED for COMPLEX Requests	TOTAL GROSS Fees & Costs INCURRED BUT NOT CHARGED for COMPLEX Requests	\$.01-4.99	\$5-49.99	\$50-99.99	\$100-499.99	\$500-999.99	\$1000 - 9999.99	10,000+	# of Workdays to Complete ALL Requests
iatically calc	ulated		Automatical	ly calculated	-			Autor	matically calcu	lated			
Gross \$ incurred for ALL requests; includes nonchargeable legal and other fees, personal records costs, and gross copy costs	\$ unrecoverable for ALL requests	\$ actually paid for complex requests	Net \$ chargeable for complex requests	Gross \$ incurred for complex requests	\$ unrecoverable for complex requests	# of payments in yellow row 10; Total \$ amount in orange row 11	# of payments in yellow row 10; Total \$ amount in orange row 11	# of payments in yellow row 10; Total \$ amount in orange row 11	# of payments in yellow row 10; Total \$ amount in orange row 11	# of payments in yellow row 10; Total \$ amount in orange row 11	# of payments in yellow row 10; Total \$ amount in orange row 11	# of payments in yellow row 10; Total \$ amount in orange row 11	# of days to complete; ALL requests
requests; includes nonchargeable legal and other fees, personal records costs, and gross			_			10; Total \$ amount in							
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1	DAYS TO COMP	LETE REQUESTS		SEARCH, REVIEW & SEGREGATION HOURS INCURRED									
2	AX	AY	AZ	BA	BA BB BC BD BE BF BG B								
3	# of Workdays to Complete COMPLEX Requests	# of Workdays to Complete NONCOMPLEX, NONPERSONAL RECORD Requests	# of Workdays to Complete PERSONAL RECORD Requests	# of Search Hours Incurred for ALL Requests	# of Search Hours Incurred for COMPLEX Requests	# of Search Hours Incurred for NONCOMPLEX, NONPERSONAL RECORD Requests	# of Search Hours Incurred for PERSONAL RECORD Requests	# of Review & Segregation Hours Incurred for ALL Requests	# of Review & Segregation Hours Incurred for COMPLEX Requests	# of Review & Segregation Hours Incurred for NONCOMPLEX, NONPERSONAL RECORD Requests	# of Review & Segregation Hours Incurred for PERSONAL RECORD Requests		
4	Automatical	ly calculated	I				Automatic	ally calculat	ed				
9	Days to complete; COMPLEX requests only	Days to complete; NONCOMPLEX requests	Days to complete; PERSONAL RECORD requests	Search hours; ALL requests	Search hours; COMPLEX requests	Search hours; NONCOMPLEX, NONPERSONAL RECORD requests	Search hours; PERSONAL RECORD requests	Review & segregation hours; ALL requests	Review & segregation hours; COMPLEX requests	Review & segregation hours; NONCOMPLEX, NONPERSONAL RECORD requests	Review & segregation hours; PERSONAL RECORD requests		
10	0.00	20.00	0.00	3.00	0.00	3.00	0.00	1.00	0.00	1.00	0.00		
11		6.67		1.50		1.50		1.00		1.00			
12		2		1.00		1.00		1.00		1.00			
13		7											
14		11		2.00		2.00							
15													