

Sub Screen: Sub-Recipient: 26-034947

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	26-034947	
23	Legal Name*	The Food Basket Inc. DBA Hawaii Island's Food Bank	
24	Address Line 1*	40 Holomua St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hilo	
28	State Code*	HI	
29	Zip+4*	96720-5102	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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 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: 077665511

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: Sub-Recipient: 88365767

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	88365767		
23	Legal Name*	Carahsoft Technology Corp		
24	Address Line 1*	11493 Sunset Hills Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Reston		
28	State Code*	VA		
29	Zip+4*	20190-5230		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 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: 162168186

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	162168186		
23	Legal Name*	eWorld Enterprise Solutions, Inc		
24	Address Line 1*	841 Bishop St Ste 1830		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-3920		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: Sub-Recipient: DOT - 01

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	DOT - 01	
23	Legal Name*	Twilio, Inc	
24	Address Line 1*	375 Beale St Ste 300	
25	Address Line 2		
26	Address Line 3		
27	City Name*	San Francisco	
28	State Code*	CA	
29	Zip+4*	94105-2177	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
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: 956049563

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	956049563		
23	Legal Name*	Verizon		
24	Address Line 1*	3375 Koapaka St Ste B220		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-1885		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: Sub-Recipient: 008420869

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	008420869	Verified
22	Identification Number		
23	Legal Name*	CASTAWAY CONSTRUCTION & RESTORATION LLC	
24	Address Line 1*	2000 MAUI VETERANS HIGHWAY #53B	
25	Address Line 2		
26	Address Line 3		
27	City Name*	PUUNENE	
28	State Code*	HI	
29	Zip+4*	96784	
30	Country Name*	United States	
31	Country Code*	USA	
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 checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 147255405

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	147255405	Verified
22	Identification Number		
23	Legal Name*	NEC CORPORATION OF AMERICA	
24	Address Line 1*	3929 W JOHN CARPENTER FWY	
25	Address Line 2		
26	Address Line 3		
27	City Name*	IRVING	
28	State Code*	TX	
29	Zip+4*	75063-2909	
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 checked="" type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 009199035

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	009199035		Verified
22	Identification Number			
23	Legal Name*	MIN PLASTICS & SUPPLY INC		
24	Address Line 1*	921 KAAMAHU PL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96817-4621		
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: 064594973

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	064594973	
23	Legal Name*	Lanikai Brewing Company LLC	
24	Address Line 1*	175 Hamakua Dr Apt C	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kailua	
28	State Code*	HI	
29	Zip+4*	96734-2808	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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 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: 013241433

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	013241433	Verified
22	Identification Number		
23	Legal Name*	KAMANU COMPOSITES LLC	
24	Address Line 1*	905 KALANIANA'OLE HWY SPC 601	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KAILUA	
28	State Code*	HI	
29	Zip+4*	96734-4664	
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: Sub-Recipient: 609632534

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	609632534		
23	Legal Name*	Hawai'i 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: Sub-Recipient: 42-153962

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	42-153962		
23	Legal Name*	KMH LLP		
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: Sub-Recipient: 825068047

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: Sub-Recipient: 361477024

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: 146498998

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	146498998	Verified
22	Identification Number		
23	Legal Name*	ECONOMIC DEVELOPMENT ALLIANCE OF HAWAII, INC.	
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: Sub-Recipient: 828648712

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: Sub-Recipient: 868172834

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	868172834		Verified
22	Identification Number			
23	Legal Name*	CATHOLIC CHARITIES OF THE DIOCESE OF HONOLULU		
24	Address Line 1*	1822 KEEAUMOKU ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96822-3001		
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: 011542893

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	011542893		
23	Legal Name*	Anthology Marketing Group, Inc.		
24	Address Line 1*	1003 Bishop St Fl 9		
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: Sub-Recipient: 093611100

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	093611100		
23	Legal Name*	FIS Government Solutions		
24	Address Line 1*	601 S Lake Destiny Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Maitland		
28	State Code*	FL		
29	Zip+4*	32751-7226		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: 787090232

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	787090232	Verified
22	Identification Number		
23	Legal Name*	CARDINAL PRESORT SERVICES LTD.	
24	Address Line 1*	197 SAND ISLAND ACCESS RD UNIT A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HONOLULU	
28	State Code*	HI	
29	Zip+4*	96819-4997	
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: Sub-Recipient: 009198987

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	009198987		Verified
22	Identification Number			
23	Legal Name*	ISLAND SLIPPER FACTORY, LIMITED		
24	Address Line 1*	98-711 KUAHAO PL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PEARL CITY		
28	State Code*	HI		
29	Zip+4*	96782-3155		
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: 186668992

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	186668992	Verified
22	Identification Number		
23	Legal Name*	PAC/RIM MEDICAL TECHNOLOGY AND SUPPLIES CORP	
24	Address Line 1*	1618 SILVA ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HONOLULU	
28	State Code*	HI	
29	Zip+4*	96819-3946	
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: Sub-Recipient: 782169668

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	782169668	Verified
22	Identification Number		
23	Legal Name*	NIPPON FOOD TAKEOUT & CATERING, INC.	
24	Address Line 1*	420 WAIAKAMILO RD STE 123	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HONOLULU	
28	State Code*	HI	
29	Zip+4*	96817-4950	
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: Sub-Recipient: 117508297

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117508297		Verified
22	Identification Number			
23	Legal Name*	BIG ISLAND GRILL, INC.		
24	Address Line 1*	75-5702 KUAKINI HWY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KAILUA KONA		
28	State Code*	HI		
29	Zip+4*	96740-1717		
30	Country Name*	United States		
31	Country Code*	USA		
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 checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 966644648

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	966644648	Verified
22	Identification Number		
23	Legal Name*	KAUAI COCONUT BEACH OPERATOR, LLC	
24	Address Line 1*	650 ALEKA LOOP	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KAPAA	
28	State Code*	HI	
29	Zip+4*	96746-1402	
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 094639887

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	094639887		Verified
22	Identification Number			
23	Legal Name*	TRIPLE F HOLDINGS, LLC		
24	Address Line 1*	98 735 KUAHAO PL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96802		
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: Sub-Recipient: 036605749

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	036605749		Verified
22	Identification Number			
23	Legal Name*	PC SPECIALISTS, INC.		
24	Address Line 1*	1003 BISHOP ST STE 1250		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96813-6437		
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: Sub-Recipient: 022599101

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	022599101		Verified
22	Identification Number			
23	Legal Name*	BODY ARMOR OUTLET, LLC		
24	Address Line 1*	26 ERMER ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SALEM		
28	State Code*	NH		
29	Zip+4*	03079-1231		
30	Country Name*	United States		
31	Country Code*	USA		
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 checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 002412724

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	002412724		Verified
22	Identification Number			
23	Legal Name*	SID TOOL CO., INC.		
24	Address Line 1*	75 MAXESS RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MELVILLE		
28	State Code*	NY		
29	Zip+4*	11747-3151		
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 033188103

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: Sub-Recipient: 965068661

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	965068661		Verified
22	Identification Number			
23	Legal Name*	BOTACH, INC.		
24	Address Line 1*	4775 W HARMON AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LAS VEGAS		
28	State Code*	NV		
29	Zip+4*	89103-5215		
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: 080991401

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	080991401		Verified
22	Identification Number			
23	Legal Name*	CLEARMASK, LLC		
24	Address Line 1*	1824 WEBSTER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BALTIMORE		
28	State Code*	MD		
29	Zip+4*	21230-4755		
30	Country Name*	United States		
31	Country Code*	USA		
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 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: 078483086

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	078483086	Verified
22	Identification Number		
23	Legal Name*	KONA SURF PARTNERS LLC	
24	Address Line 1*	78-128 EHUKAI ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KAILUA KONA	
28	State Code*	HI	
29	Zip+4*	96740-2525	
30	Country Name*	United States	
31	Country Code*	USA	
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 checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 177742863

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	177742863		Verified
22	Identification Number			
23	Legal Name*	8X8, INC.		
24	Address Line 1*	2125 O'NEL DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SAN JOSE		
28	State Code*	CA		
29	Zip+4*	95131-2032		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	17		
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: 074399684

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	074399684	Verified
22	Identification Number		
23	Legal Name*	FISHER SCIENTIFIC COMPANY L.L.C.	
24	Address Line 1*	4500 TURNBERRY DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HANOVER PARK	
28	State Code*	IL	
29	Zip+4*	60133-5491	
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: Sub-Recipient: 044450399

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	044450399	Verified
22	Identification Number		
23	Legal Name*	MANULELE DISTILLERS, LLC	
24	Address Line 1*	92-1770 KUNIA RD STE 227	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KUNIA	
28	State Code*	HI	
29	Zip+4*	96759-9997	
30	Country Name*	United States	
31	Country Code*	USA	
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 checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 094646411

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	094646411		Verified
22	Identification Number			
23	Legal Name*	LAMERS ENTERPRISE, INC		
24	Address Line 1*	251 PUUHALE RD STE A		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-4929		
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: 097691877

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	097691877		
23	Legal Name*	3M COMPANY		
24	Address Line 1*	4443 Malaai St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96818-3136		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: Sub-Recipient: 606154490

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	606154490		
23	Legal Name*	WW GRAINGER, INC.		
24	Address Line 1*	2833 Paa St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-4406		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: Sub-Recipient: 157765249

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	157765249		
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 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: 786708425

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	786708425		
23	Legal Name*	CINTAS CORPORATION NO. 2		
24	Address Line 1*	544 Ohohia St Ste 7		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-1966		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: Sub-Recipient: 930303763

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	930303763	
23	Legal Name*	WC MAUI C	
24	Address Line 1*	2259 S Kihei Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kihei	
28	State Code*	HI	
29	Zip+4*	96753-6289	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 017421956

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	017421956		
23	Legal Name*	KAUAI KOOKIE, LLC		
24	Address Line 1*	95-1134 Ahokele St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Mililani		
28	State Code*	HI		
29	Zip+4*	96789-5595		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: Sub-Recipient: 003196271

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	003196271		
23	Legal Name*	HAWAII VISITORS AND CONVENTION BUREAU		
24	Address Line 1*	2270 Kalakaua Ave Ste 801		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96815-2568		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: Sub-Recipient: 033171489

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	033171489	
23	Legal Name*	CAFÉ 100 INC	
24	Address Line 1*	969 Kilauea Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hilo	
28	State Code*	HI	
29	Zip+4*	96720-4216	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 009227000

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	009227000		
23	Legal Name*	FIRST HAWAIIAN BANK		
24	Address Line 1*	999 Bishop St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-4423		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: Sub-Recipient: 080537216

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	080537216		
23	Legal Name*	AQUA O3 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 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: 604586677

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	604586677		
23	Legal Name*	THE HB GROUP		
24	Address Line 1*	15892 S Rockwell Park Cv Unit 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bluffdale		
28	State Code*	UT		
29	Zip+4*	84065-1660		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 027811721

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	027811721		
23	Legal Name*	FASTENAL CO.		
24	Address Line 1*	731 Bielenberg Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Saint Paul		
28	State Code*	MN		
29	Zip+4*	55125-1700		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 130676565

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	130676565		
23	Legal Name*	NATIONWIDE MEDICAL SUPPLY INC.		
24	Address Line 1*	4880 Havana St Ste 102		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Denver		
28	State Code*	CO		
29	Zip+4*	80239-2434		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: Sub-Recipient: 044002046

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	044002046		
23	Legal Name*	VERITIV OPERATING CO.		
24	Address Line 1*	2250 Alahao Pl		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-2211		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: Sub-Recipient: 967748224

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	967748224		
23	Legal Name*	SMS RESEARCH AND 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		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: Sub-Recipient: 079608988

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	079608988	
23	Legal Name*	GRAND NANILOA HOTEL	
24	Address Line 1*	93 Banyan Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hilo	
28	State Code*	HI	
29	Zip+4*	96720-4632	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: Sub-Recipient: 078607093

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	078607093	
23	Legal Name*	MARLIN DISTRIBUTORS	
24	Address Line 1*	91-291 Kalaeloa Blvd Bldg E	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kapolei	
28	State Code*	HI	
29	Zip+4*	96707-1825	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: Sub-Recipient: 965699994

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	965699994		
23	Legal Name*	HAWAII CORRECTIONAL INDUSTRIES		
24	Address Line 1*	99-902 Moanalua Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Aiea		
28	State Code*	HI		
29	Zip+4*	96701-3252		Verified
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 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: Sub-Recipient: 935860

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	935860		
23	Legal Name*	Fast Enterprises, INC		
24	Address Line 1*	7229 S Alton Way		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Centennial		
28	State Code*	CO		
29	Zip+4*	80112-2202		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 113218945

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	113218945	Verified
22	Identification Number		
23	Legal Name*	KAUAI, COUNTY OF	
24	Address Line 1*	4444 RICE ST STE 280	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LIHUE	
28	State Code*	HI	
29	Zip+4*	96766-1328	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 094636073

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	094636073	Verified
22	Identification Number		
23	Legal Name*	HAWAII, COUNTY OF	
24	Address Line 1*	25 AUPUNI ST STE 107	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HILO	
28	State Code*	HI	
29	Zip+4*	96720-4245	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" 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: Sub-Recipient: 077680155

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	077680155	Verified
22	Identification Number		
23	Legal Name*	MAUI, COUNTY OF	
24	Address Line 1*	200 S HIGH ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WAILUKU	
28	State Code*	HI	
29	Zip+4*	96793-2155	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input checked="" type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" 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: Sub-Recipient: 153345173

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	153345173		Verified
22	Identification Number			
23	Legal Name*	LENOVO (UNITED STATES) INC.		
24	Address Line 1*	8001 DEVELOPMENT DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MORRISVILLE		
28	State Code*	NC		
29	Zip+4*	27560-7416		
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 checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 63134175

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	63134175		
23	Legal Name*	Environmental Systems Research		
24	Address Line 1*	333 S Hope St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Los Angeles		
28	State Code*	CA		
29	Zip+4*	90071-1406		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 144535598

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	144535598		
23	Legal Name*	Diagnostic Laboratory Services		
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		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: Sub-Recipient: 153598474

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	153598474		
23	Legal Name*	Clinical Laboratories of Hawaii, LLP		
24	Address Line 1*	99-193 Aiea Heights Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Aiea		
28	State Code*	HI		
29	Zip+4*	96701-3919		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: Sub-Recipient: 117447417

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	117447417		
23	Legal Name*	Worldwide Flight Services		
24	Address Line 1*	330 Rodgers Blvd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-1833		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: Sub-Recipient: 094646841

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	094646841		
23	Legal Name*	Roberts Hawaii Tours, Inc		
24	Address Line 1*	444 Niu St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96815-1830		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: Sub-Recipient: 36-448354

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	36-448354		
23	Legal Name*	Money Network Financial LLC		
24	Address Line 1*	2900 Westside Pkwy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Alpharetta		
28	State Code*	GA		
29	Zip+4*	30004-7429		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 99-035895

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	99-035895		
23	Legal Name*	DataHouse Consulting Inc.		
24	Address Line 1*	1585 Kapiolani Blvd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96814-4522		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 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: 809511590

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	809511590		Verified
22	Identification Number			
23	Legal Name*	ZR SYSTEMS GROUP LLC		
24	Address Line 1*	98-810 MOANALUA ROAD H-4		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AIEA		
28	State Code*	HI		
29	Zip+4*	96701-5234		
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: 154523559

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	154523559		Verified
22	Identification Number			
23	Legal Name*	JUSTICE AV SOLUTIONS, INC.		
24	Address Line 1*	13020 MIDDLETOWN INDUSTRIAL BLVD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LOUISVILLE		
28	State Code*	KY		
29	Zip+4*	40223-4761		
30	Country Name*	United States		
31	Country Code*	USA		
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 checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 37077195

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	37077195	
23	Legal Name*	Pacific States Marine Fisheries Commission	
24	Address Line 1*	205 SE Spokane St	
25	Address Line 2	Suite 100	
26	Address Line 3		
27	City Name*	Portland	
28	State Code*	OR	
29	Zip+4*	97202-6487	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*		
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: Sub-Recipient: 99-003551

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	99-003551	
23	Legal Name*	Chamber of Commerce of Hawaii	
24	Address Line 1*	733 Bishop St	
25	Address Line 2	Makai Tower,	
26	Address Line 3	Suite 1200	
27	City Name*	Honolulu	
28	State Code*	HI	
29	Zip+4*	96813-4022	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: Sub-Recipient: 27-341298

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	27-341298	
23	Legal Name*	HOPE Services Hawaii, Inc.	
24	Address Line 1*	357 Waianuenu Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hilo	
28	State Code*	HI	
29	Zip+4*	96720-2439	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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 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: 828859616

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	828859616	Verified
22	Identification Number		
23	Legal Name*	Y & S TECHNOLOGIES INC.	
24	Address Line 1*	1666 CARROLL ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BROOKLYN	
28	State Code*	NY	
29	Zip+4*	11213-5410	
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 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: 026157235

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: 760385002

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	760385002		
23	Legal Name*	HiEd, Inc.		
24	Address Line 1*	80 E Mcdermott Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Allen		
28	State Code*	TX		
29	Zip+4*	75002-2802		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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 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: M6H6G

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	M6H6G	
23	Legal Name*	Conferencing Advisors	
24	Address Line 1*	1030 Calle Cordillera	
25	Address Line 2	#101	
26	Address Line 3		
27	City Name*	San Clemente	
28	State Code*	CA	
29	Zip+4*	92673-6234	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	49	
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: M1712

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	M1712		
23	Legal Name*	Sufia Munir Inc. dba Clary Business Machines		
24	Address Line 1*	8170 Miramar Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	San Diego		
28	State Code*	CA		
29	Zip+4*	92126-4321		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 74-261680

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	74-261680		
23	Legal Name*	Dell Marketing, L.P.		
24	Address Line 1*	1 Dell Way		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Round Rock		
28	State Code*	TX		
29	Zip+4*	78682-7000		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: M6ETB

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	M6ETB		
23	Legal Name*	Zones LLC		
24	Address Line 1*	1102 15th St SW		
25	Address Line 2	SUITE 102		
26	Address Line 3			
27	City Name*	Auburn		
28	State Code*	WA		
29	Zip+4*	98001-6524		Verified
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: Sub-Recipient: 965088057

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: Sub-Recipient: 004161712

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	004161712	Verified
22	Identification Number		
23	Legal Name*	SIRIUS COMPUTER SOLUTIONS, INC.	
24	Address Line 1*	10100 REUNION PL STE 500	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SAN ANTONIO	
28	State Code*	TX	
29	Zip+4*	78216-4188	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	21	
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: 966957941

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	966957941		Verified
22	Identification Number			
23	Legal Name*	CARRIER CLASS GREEN INFRASTRUCTURE LLC		
24	Address Line 1*	601 DAVISVILLE RD STE 210		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WILLOW GROVE		
28	State Code*	PA		
29	Zip+4*	19090-1528		
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: Sub-Recipient: 60704780

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	60704780		
23	Legal Name*	Apple Inc.		
24	Address Line 1*	12545 Riata Vista Cir		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Austin		
28	State Code*	TX		
29	Zip+4*	78727-6524		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	17		
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: 99-035642

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	99-035642		
23	Legal Name*	Century Computers Inc. dba Pacxa		
24	Address Line 1*	PO BOX 3347		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96801-3347		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: Sub-Recipient: 613993190

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	613993190		Verified
22	Identification Number			
23	Legal Name*	MITEL BUSINESS SYSTEMS, INC.		
24	Address Line 1*	1146 N ALMA SCHOOL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MESA		
28	State Code*	AZ		
29	Zip+4*	85201-3000		
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 checked="" type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 91-217598

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	91-217598		
23	Legal Name*	NxTech Systems LLC		
24	Address Line 1*	420 Waiakamilo Rd		
25	Address Line 2	Suite 101		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-4975		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: Sub-Recipient: 37293974

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	37293974		
23	Legal Name*	Audio Visual Innovations, Inc.		
24	Address Line 1*	6301 Benjamin Rd		
25	Address Line 2	SUITE#101		
26	Address Line 3			
27	City Name*	Tampa		
28	State Code*	FL		
29	Zip+4*	33634-5115		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 95-382559

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	95-382559	
23	Legal Name*	PC Specialist Inc. dba Technology Integration Group	
24	Address Line 1*	10240 Flanders Ct	
25	Address Line 2		
26	Address Line 3		
27	City Name*	San Diego	
28	State Code*	CA	
29	Zip+4*	92121-2901	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 079575166

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	079575166		Verified
22	Identification Number			
23	Legal Name*	SIGNAL VINE, INC.		
24	Address Line 1*	811 N ROYAL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ALEXANDRIA		
28	State Code*	VA		
29	Zip+4*	22314-1715		
30	Country Name*	United States		
31	Country Code*	USA		
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 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: 59-195893

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	59-195893		
23	Legal Name*	Audio Visual Innovations, Inc.		
24	Address Line 1*	6301 Benjamin Rd		
25	Address Line 2	SUITE#101		
26	Address Line 3			
27	City Name*	Tampa		
28	State Code*	FL		
29	Zip+4*	33634-5115		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 13-276807

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	13-276807		
23	Legal Name*	B&H Foto & Electronics Corp. dba B&H Photo-Video		
24	Address Line 1*	420 9th Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	New York		
28	State Code*	NY		
29	Zip+4*	10001-1614		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 079019282

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	079019282	Verified
22	Identification Number		
23	Legal Name*	DATAHOUSE CONSULTING, INC.	
24	Address Line 1*	1585 KAPIOLANI BLVD STE 1800	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HONOLULU	
28	State Code*	HI	
29	Zip+4*	96814-4500	
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: 33-027839

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	33-027839		
23	Legal Name*	Strata Information Group		
24	Address Line 1*	3935 Harney St Ste 203		
25	Address Line 2			
26	Address Line 3			
27	City Name*	San Diego		
28	State Code*	CA		
29	Zip+4*	92110-2849		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 56-073264

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	56-073264		
23	Legal Name*	AIRGAS USA, LLC		
24	Address Line 1*	3737 Worsham Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Long Beach		
28	State Code*	CA		
29	Zip+4*	90808-1774		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 99-033844

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	99-033844		
23	Legal Name*	ALTRES MEDICAL		
24	Address Line 1*	PO BOX 1410		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96807-1410		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: Sub-Recipient: 99-026464

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	99-026464		
23	Legal Name*	AUDIO VISUAL COMPANY, THE		
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 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: 99-022398

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	99-022398		
23	Legal Name*	CONTAINER STORAGE CO. OF		
24	Address Line 1*	2276 Pahounui Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-2219		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: Sub-Recipient: 20-410680

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	20-410680		
23	Legal Name*	EESPRO INC.		
24	Address Line 1*	4725 Bougainville Dr		
25	Address Line 2	#223		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96818-3179		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: Sub-Recipient: 62-176387

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	62-176387		
23	Legal Name*	CoreCivic Saguaro		
24	Address Line 1*	5501 Virginia Way		
25	Address Line 2	Ste 110		
26	Address Line 3			
27	City Name*	Brentwood		
28	State Code*	TN		
29	Zip+4*	37027-7680		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 63-107100

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	63-107100		
23	Legal Name*	GLOBAL TEL*LINK CORPORATION		
24	Address Line 1*	3120 Fairview Park Dr		
25	Address Line 2	Ste 300		
26	Address Line 3			
27	City Name*	Falls Church		
28	State Code*	VA		
29	Zip+4*	22042-4568		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: Sub-Recipient: 46-148358

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	46-148358		
23	Legal Name*	HAWAII NURSING INC.		
24	Address Line 1*	700 Bishop St Ste 610		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-4124		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: Sub-Recipient: 26-028848

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	26-028848	
23	Legal Name*	Hawaii Unified Industries PO 21001650	
24	Address Line 1*	84-1170 Farrington Hwy Ste 1C	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waianae	
28	State Code*	HI	
29	Zip+4*	96792-2025	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: Sub-Recipient: 99-021994

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	99-021994		
23	Legal Name*	INTERISLAND AIRWAYS		
24	Address Line 1*	100 Iolana Pl		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-1805		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: Sub-Recipient: 27-283163

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	27-283163		
23	Legal Name*	PROJECT VISION HAWAII		
24	Address Line 1*	1110 Nuuanu Ave Ofc 16		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-5119		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: Sub-Recipient: 26-147947

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	26-147947		
23	Legal Name*	SUMO MEDICAL STAFFING		
24	Address Line 1*	71 E Wadsworth Park Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Draper		
28	State Code*	UT		
29	Zip+4*	84020-8996		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 012759888

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	012759888		
23	Legal Name*	Aloha Medical Supply of the Pacific		
24	Address Line 1*	333 Keahole St Ste 2B9		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96825-3426		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: Sub-Recipient: 607810397

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	607810397		
23	Legal Name*	Anne Namba Designs		
24	Address Line 1*	324 Kamani St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-5313		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: Sub-Recipient: 839507840

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	839507840		Verified
22	Identification Number			
23	Legal Name*	AUMAKUA HOLDINGS INC.		
24	Address Line 1*	4405 HONOAPIILANI HWY STE 55		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LAHAINA		
28	State Code*	HI		
29	Zip+4*	96761-9254		
30	Country Name*	United States		
31	Country Code*	USA		
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 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: 117709223

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117709223		Verified
22	Identification Number			
23	Legal Name*	CLOSET SYSTEMS SUPPLY, LLC		
24	Address Line 1*	99-930 IWAENA ST STE 103B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AIEA		
28	State Code*	HI		
29	Zip+4*	96701-3283		
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: Sub-Recipient: 079861141

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	079861141		Verified
22	Identification Number			
23	Legal Name*	CORADORABLES LLC		
24	Address Line 1*	1707 MAHANI LOOP		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96819-2833		
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: 602325649

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	602325649		
23	Legal Name*	D&L Fashions Inc		
24	Address Line 1*	2002 Kahai St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-2272		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: Sub-Recipient: 087132964

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	087132964		
23	Legal Name*	Fab Works LLC		
24	Address Line 1*	2131 S Beretania St		
25	Address Line 2	Ground Floor		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96826-1418		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: Sub-Recipient: 094347298

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	094347298		
23	Legal Name*	Friends of Waialua Robotics		
24	Address Line 1*	94-200 Meki Pl		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Waipahu		
28	State Code*	HI		
29	Zip+4*	96797-5815		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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 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: 788623473

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	788623473	Verified
22	Identification Number		
23	Legal Name*	H NU PHOTONICS LLC	
24	Address Line 1*	350 HOOHANA ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KAHULUI	
28	State Code*	HI	
29	Zip+4*	96732-2931	
30	Country Name*	United States	
31	Country Code*	USA	
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 checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient: 081330667

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	081330667	
23	Legal Name*	Hanalei Spirits	
24	Address Line 1*	4241 Kahili Makai St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kilauea	
28	State Code*	HI	
29	Zip+4*	96754-5412	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 081239292

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	081239292		
23	Legal Name*	Hawaiian Kine Trading Co LLC		
24	Address Line 1*	120 Sand Island Access Rd Ste 4		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-4920		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: Sub-Recipient: 117680746

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117680746		Verified
22	Identification Number			
23	Legal Name*	HNLMED LLC		
24	Address Line 1*	942 PUNAHELE PL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HONOLULU		
28	State Code*	HI		
29	Zip+4*	96821-1822		
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: 059944344

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	059944344	Verified
22	Identification Number		
23	Legal Name*	INSIGHTPPE LLC	
24	Address Line 1*	2800 WOODLAWN DR STE 288	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HONOLULU	
28	State Code*	HI	
29	Zip+4*	96822-1862	
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: 084442238

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	084442238		
23	Legal Name*	Intellectual AG LLC		
24	Address Line 1*	1350 S King St Ste 230		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96814-2008		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: Sub-Recipient: 078402454

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	078402454		Verified
22	Identification Number			
23	Legal Name*	JALENEKANANI, INC.		
24	Address Line 1*	91-222 NAMAHOE PL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KAPOLEI		
28	State Code*	HI		
29	Zip+4*	96707-3024		
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: 363606612

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	363606612		
23	Legal Name*	Kookaburra LLC		
24	Address Line 1*	820 W Hind Dr Unit 240040		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96824-1801		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: Sub-Recipient: 081321666

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	081321666	
23	Legal Name*	Koolau Spirits LLC	
24	Address Line 1*	905 Kalaniana'ole Hwy Spc 5014	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kailua	
28	State Code*	HI	
29	Zip+4*	96734-4669	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 118327779

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	118327779	Verified
22	Identification Number		
23	Legal Name*	KREATIVE KAMAAINA ENTERPRISES, LLC	
24	Address Line 1*	1804 HART ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HONOLULU	
28	State Code*	HI	
29	Zip+4*	96819-3204	
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: 080996182

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	080996182	
23	Legal Name*	Kuleana Rum Works	
24	Address Line 1*	65-1235A Opelo Rd # 2	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kamuela	
28	State Code*	HI	
29	Zip+4*	96743-8401	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 196973866

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	196973866	
23	Legal Name*	Lanikai Bath and Body LLC	
24	Address Line 1*	600 Kailua Rd Ste 119	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kailua	
28	State Code*	HI	
29	Zip+4*	96734-2845	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 064594973

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	064594973	Verified
22	Identification Number		
23	Legal Name*	LANIKAI BREWING COMPANY LLC	
24	Address Line 1*	175C HAMAKUA DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KAILUA	
28	State Code*	HI	
29	Zip+4*	96734-2826	
30	Country Name*	United States	
31	Country Code*	USA	
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 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: 080929612

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	080929612	Verified
22	Identification Number		
23	Legal Name*	LUBRCO LLC	
24	Address Line 1*	1739 ALA MOANA BLVD BLDG C	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HONOLULU	
28	State Code*	HI	
29	Zip+4*	96815-5700	
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: 055594699

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	055594699		
23	Legal Name*	Ma`ema`e Hawaii LLC		
24	Address Line 1*	384 Puiwa Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-1176		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: Sub-Recipient: 117538812

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	117538812	Verified
22	Identification Number		
23	Legal Name*	PROTECTION FOR HUMANITY, LLC	
24	Address Line 1*	75-692 S MEA LANAKILA PL	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KAILUA KONA	
28	State Code*	HI	
29	Zip+4*	96740-7997	
30	Country Name*	United States	
31	Country Code*	USA	
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 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: 632469009

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	632469009		
23	Legal Name*	R&M Reyes Enterprise LLC		
24	Address Line 1*	99-899 Iwaena St Ste 111		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Aiea		
28	State Code*	HI		
29	Zip+4*	96701-5606		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: Sub-Recipient: 832869072

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	832869072		
23	Legal Name*	Roberto's Group Inc		
24	Address Line 1*	819 Moowaa St Ste 114		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-4432		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: Sub-Recipient: 078455767

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	078455767		
23	Legal Name*	DIREST SUPPORT RESOURCES, INC		
24	Address Line 1*	91-240 Kalaeloa Blvd Ste B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kapolei		
28	State Code*	HI		
29	Zip+4*	96707-1860		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: Sub-Recipient: 355762

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	355762		
23	Legal Name*	Banquet Solutions of Hawaii		
24	Address Line 1*	1035 University Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96826-1500		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: Sub-Recipient: 56469

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	56469		
23	Legal Name*	Biomerieux Inc		
24	Address Line 1*	PO BOX 500308		
25	Address Line 2	St. Louis		
26	Address Line 3			
27	City Name*	Saint Louis		
28	State Code*	MO		
29	Zip+4*	63150-0308		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: Sub-Recipient: 327751

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	327751		
23	Legal Name*	Capstar Radio Operating Company		
24	Address Line 1*	650 Iwilei Rd		
25	Address Line 2	Suite 400		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-5086		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: Sub-Recipient: 264212

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	264212		
23	Legal Name*	Care Hawaii, Inc.		
24	Address Line 1*	875 Waimanu St		
25	Address Line 2	Suite 614		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-5248		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: Sub-Recipient: 342859

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	342859	
23	Legal Name*	Charter Communications Operating LLC	
24	Address Line 1*	PO BOX 101365	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pasadena	
28	State Code*	CA	
29	Zip+4*	91189-0017	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 228062

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	228062		
23	Legal Name*	Child and Family Service		
24	Address Line 1*	91-1841 Fort Weaver Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Ewa Beach		
28	State Code*	HI		
29	Zip+4*	96706-1909		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: Sub-Recipient: 43387

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	43387	
23	Legal Name*	Clinical Micro Sensors Inc	
24	Address Line 1*	PO BOX 100557	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pasadena	
28	State Code*	CA	
29	Zip+4*	91189-0003	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	29	
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: 323373

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	323373		
23	Legal Name*	Community Empowerment Resources		
24	Address Line 1*	1110 University Ave		
25	Address Line 2	Suite 411		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96826-1540		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: Sub-Recipient: 357333

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	357333	
23	Legal Name*	Danesh, Reza, MD	
24	Address Line 1*	PO BOX 791846	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Paia	
28	State Code*	HI	
29	Zip+4*	96779-1846	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 25115

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	25115		
23	Legal Name*	David's Fencing		
24	Address Line 1*	94-079 Leokane St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Waipahu		
28	State Code*	HI		
29	Zip+4*	96797-2207		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: Sub-Recipient: 354372

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	354372		
23	Legal Name*	Gray Media Group, Inc.		
24	Address Line 1*	PO BOX 14200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Tallahassee		
28	State Code*	FL		
29	Zip+4*	32317-4200		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 19990

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	19990	
23	Legal Name*	Habilitat Inc	
24	Address Line 1*	PO BOX 801	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kaneohe	
28	State Code*	HI	
29	Zip+4*	96744-0801	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: Sub-Recipient: 264565

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	264565		
23	Legal Name*	Hawaii Association of Broadcasters, Inc.		
24	Address Line 1*	PO BOX 61562		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96839-1562		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: Sub-Recipient: 352143

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	352143		
23	Legal Name*	Hawaii Health and Harm Reduction Center		
24	Address Line 1*	677 Ala Moana Blvd		
25	Address Line 2	Suite 226		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-5419		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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 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: 006926943

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	006926943		
23	Legal Name*	Hawaiian Telcom		
24	Address Line 1*	PO BOX 30770		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96820-0770		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: Sub-Recipient: 313180

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	313180		
23	Legal Name*	HC Builders LLC		
24	Address Line 1*	PO BOX 235877		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96823-3515		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: Sub-Recipient: 36358

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	36358		
23	Legal Name*	Hologic		
24	Address Line 1*	24506 Network Pl		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Chicago		
28	State Code*	IL		
29	Zip+4*	60673-1245		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: 31034

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	31034		
23	Legal Name*	Illumina Inc		
24	Address Line 1*	12864 Collections Center Drive		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Chicago		
28	State Code*	IL		
29	Zip+4*	60693-0001		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: 33027

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	33027		
23	Legal Name*	Institute for Human Services		
24	Address Line 1*	546 Kaaahi St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-4630		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: Sub-Recipient: 13922

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	13922		
23	Legal Name*	KITV		
24	Address Line 1*	801 S King St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-3008		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: Sub-Recipient: 326368

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	326368	
23	Legal Name*	Nexstar Broadcasting, Inc.	
24	Address Line 1*	PO BOX 844304	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dallas	
28	State Code*	TX	
29	Zip+4*	75284-4304	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 326368a

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	326368a		
23	Legal Name*	Nexstar Broadcasting, Inc.		
24	Address Line 1*	PO BOX 844304		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Dallas		
28	State Code*	TX		
29	Zip+4*	75284-4304		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 264329

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	264329	
23	Legal Name*	North Shore Mental Health	
24	Address Line 1*	56-117 Pualalea St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kahuku	
28	State Code*	HI	
29	Zip+4*	96731-2052	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: Sub-Recipient: 269134

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	269134		
23	Legal Name*	Oahu Publications		
24	Address Line 1*	500 Ala Moana Blvd		
25	Address Line 2	Suite 7-500		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-4920		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 19713

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	19713		
23	Legal Name*	Orchestrate Healthcare		
24	Address Line 1*	225 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Carbondale		
28	State Code*	CO		
29	Zip+4*	81623-2547		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 09809

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	09809		
23	Legal Name*	Pac/Rim Medical Technology		
24	Address Line 1*	1618 Silva St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-3946		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 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: 284478

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	284478		
23	Legal Name*	Partners in Development		
24	Address Line 1*	2040 Bachelot St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-2433		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: Sub-Recipient: 357246

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	357246		
23	Legal Name*	Prolink Healthcare, LLC		
24	Address Line 1*	10700 Montgomery Rd		
25	Address Line 2	Suite 226		
26	Address Line 3			
27	City Name*	Montgomery		
28	State Code*	OH		
29	Zip+4*	45242-3255		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 329670

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	329670		
23	Legal Name*	ReadyzoneHQ, Inc.		
24	Address Line 1*	4348 Waiialae Ave		
25	Address Line 2	Suite195		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96816-5767		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: Sub-Recipient: 37504

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	37504		
23	Legal Name*	Remedy Intelligent Staffing		
24	Address Line 1*	PO BOX 116834		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Atlanta		
28	State Code*	GA		
29	Zip+4*	30368-6834		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 44358

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	44358	
23	Legal Name*	RSM US LLP	
24	Address Line 1*	5155 Paysphere Circle	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Chicago	
28	State Code*	IL	
29	Zip+4*	60674-0001	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: 319284

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	319284		
23	Legal Name*	SHI International Corporation		
24	Address Line 1*	PO BOX 952121		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Dallas		
28	State Code*	TX		
29	Zip+4*	75395-2121		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 273449

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	273449		
23	Legal Name*	Staffing Solutions of Hawaii		
24	Address Line 1*	1367 Kapiolani Blvd		
25	Address Line 2	Suite 915		
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96814-4514		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 81034

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	81034	
23	Legal Name*	Wahiawa General Hospital	
24	Address Line 1*	128 Lehua St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wahiawa	
28	State Code*	HI	
29	Zip+4*	96786-2036	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: Sub-Recipient: 66364

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	66364		
23	Legal Name*	Hawaii Convention Center		
24	Address Line 1*	1801 Kalakaua Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96815-1513		Verified
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 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: Sub-Recipient: 47397948

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	47397948		
23	Legal Name*	Von K. Kaneshiro dba Von Kenric Brushes		
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 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: 16341666

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	16341666		
23	Legal Name*	WORLD WIDE INTERNET TECHNOLOGIES		
24	Address Line 1*	1133 NE Columbus St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lees Summit		
28	State Code*	MO		
29	Zip+4*	64086-3138		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 021874650

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	021874650	
23	Legal Name*	CHERRYROAD TECHNOLOGIES INC.	
24	Address Line 1*	301 Gibraltar Dr	
25	Address Line 2	Suite 2C	
26	Address Line 3		
27	City Name*	Morris Plains	
28	State Code*	NJ	
29	Zip+4*	07950-3400	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: Sub-Recipient: 081919797

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	081919797		Verified
22	Identification Number			
23	Legal Name*	BOSS COMMUNICATION TECHNOLOGIES INC.		
24	Address Line 1*	99-1445 KOAHA PL STE C		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AIEA		
28	State Code*	HI		
29	Zip+4*	96701-3271		
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: Sub-Recipient: 555569529

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	555569529	
23	Legal Name*	INSIGHT PUBLIC SECTOR, INC.	
24	Address Line 1*	PO BOX 731072	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dallas	
28	State Code*	TX	
29	Zip+4*	75373-1072	Verified
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 41-142697

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	41-142697		
23	Legal Name*	THOMPSON REUTERS		
24	Address Line 1*	PO BOX 6292		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Carol Stream		
28	State Code*	IL		
29	Zip+4*	60197-6292		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 626916779

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	626916779	Verified
22	Identification Number		
23	Legal Name*	MAINLINE INFORMATION SYSTEMS, INC.	
24	Address Line 1*	1700 SUMMIT LAKE DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	TALLAHASSEE	
28	State Code*	FL	
29	Zip+4*	32317-7935	
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 36-409517

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	36-409517		
23	Legal Name*	Cardinal Health		
24	Address Line 1*	7000 Cardinal Pl		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Dublin		
28	State Code*	OH		
29	Zip+4*	43017-1091		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 95-343150

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	95-343150		
23	Legal Name*	Nihon Kodan America		
24	Address Line 1*	15353 Barranca Pkwy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Irvine		
28	State Code*	CA		
29	Zip+4*	92618-2216		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: HHSC - 01

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	HHSC - 01		
23	Legal Name*	Stat Medical, Inc.		
24	Address Line 1*	1804 Hau St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-3253		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: Sub-Recipient: 27-151230

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	27-151230		
23	Legal Name*	Xenex Disinfectant Services, Inc.		
24	Address Line 1*	121 Interpark Blvd Ste 104		
25	Address Line 2			
26	Address Line 3			
27	City Name*	San Antonio		
28	State Code*	TX		
29	Zip+4*	78216-1844		Verified
30	Country Name*	United States		
31	Country Code*	USA		
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: Sub-Recipient: 790648849

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	790648849	Verified
22	Identification Number		
23	Legal Name*	HAWAII SHEETMETAL AND MECHANICAL, INC.	
24	Address Line 1*	17C MAKAAALA ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HILO	
28	State Code*	HI	
29	Zip+4*	96720	
30	Country Name*	United States	
31	Country Code*	USA	
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: Sub-Recipient: 614948396

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*		
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: 611429481

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	611429481	Verified
22	Identification Number		
23	Legal Name*	SHI INTERNATIONAL CORP.	
24	Address Line 1*	290 DAVIDSON AVE STE 101	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SOMERSET	
28	State Code*	NJ	
29	Zip+4*	08873-4179	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
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: 036412110

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	036412110	Verified
22	Identification Number		
23	Legal Name*	PACIFIC TECHNOLOGY SOLUTIONS, LLC	
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 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: 103900387

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	103900387	Verified
22	Identification Number		
23	Legal Name*	CENTURY COMPUTERS, INC.	
24	Address Line 1*	1000 BISHOP ST STE 701	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HONOLULU	
28	State Code*	HI	
29	Zip+4*	96813-4212	
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: Sub-Recipient: 345241

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	345241		
23	Legal Name*	Visitor Aloha Society of Hawaii		
24	Address Line 1*	2250 Kalakaua Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96815-2542		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: Sub-Recipient: 333503

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	333503		
23	Legal Name*	IQ 360		
24	Address Line 1*	1000 Bishop St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-4202		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: 85 060 66

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	85 060 66		
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		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: 082347477

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	082347477	Verified
22	Identification Number		
23	Legal Name*	MAXIMUS, INC.	
24	Address Line 1*	1891 METRO CTR DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	RESTON	
28	State Code*	VA	
29	Zip+4*	20190-5287	
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: Sub-Recipient: 003548489

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	003548489		Verified
22	Identification Number			
23	Legal Name*	AT&T MOBILITY LLC		
24	Address Line 1*	1025 LENOX PARK BLVD NE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ATLANTA		
28	State Code*	GA		
29	Zip+4*	30319-5309		
30	Country Name*	United States		
31	Country Code*	USA		
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 checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient: 109396627

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	109396627		Verified
22	Identification Number			
23	Legal Name*	AEON NEXUS CORPORATION		
24	Address Line 1*	138 STATE ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ALBANY		
28	State Code*	NY		
29	Zip+4*	12207-1606		
30	Country Name*	United States		
31	Country Code*	USA		
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 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: 066265265

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	066265265		
23	Legal Name*	STATEWIDE SAFETY SYSTEMS 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		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: 034231369

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	034231369		
23	Legal Name*	HAWAII DEPARTMENT OF TRANSPORTATION HARBORS DIVISION		
24	Address Line 1*	79 S Nimitz Hwy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-4805		Verified
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 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: Sub-Recipient: 956056337

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	956056337		
23	Legal Name*	HAWAII DEPARTMENT OF TRANSPORTATION AIRPORTS DIVISION		
24	Address Line 1*	300 Rodgers Blvd Unit 12		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96819-1830		Verified
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 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: Sub-Recipient: 045026044

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	045026044		Verified
22	Identification Number			
23	Legal Name*	INTERNATIONAL LIFE SUPPORT, INC.		
24	Address Line 1*	99-840 IWAIWA ST UNIT 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AIEA		
28	State Code*	HI		
29	Zip+4*	96701-3280		
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: Sub-Recipient: 005122853

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	005122853	Verified
22	Identification Number		
23	Legal Name*	AMERICAN GUARD SERVICES, INC.	
24	Address Line 1*	1125 W 190TH ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	GARDENA	
28	State Code*	CA	
29	Zip+4*	90248-4303	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	43	
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: 710912217

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	710912217		
23	Legal Name*	Securitas Security Services USA, Inc.		
24	Address Line 1*	888 N Nimitz Hwy Ste 105		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96817-6517		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: DOTAIR01

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	DOTAIR01		
23	Legal Name*	Allied Universal Security Services		
24	Address Line 1*	1003 Bishop St Ste 138		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-6402		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: 967977682

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	967977682		
23	Legal Name*	Wells Fargo Banks		
24	Address Line 1*	1001 Bishop St Ste 1900		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-3400		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: Sub-Recipient: 824672588

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	824672588		Verified
22	Identification Number			
23	Legal Name*	WELLS FARGO SERVICES COMPANY		
24	Address Line 1*	255 2ND AVE S		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MINNEAPOLIS		
28	State Code*	MN		
29	Zip+4*	55401-2120		
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: 996001257

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	996001257		
23	Legal Name*	City and County of Honolulu		
24	Address Line 1*	530 S King St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Honolulu		
28	State Code*	HI		
29	Zip+4*	96813-3014		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input type="checkbox"/> State Government <input checked="" 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: Contract: 68813

34	Sub-Recipient Organization (Contractor)*	Fast Enterprises, INC-935860		
35	Contract Number*	68813		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$0.00
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 *	830 Punchbowl 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 *	96813-5095		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 *	Contract is for a subscription service that state agencies can utilize to receive, adjudicate, and determine Pandemic Unemployment Assistance (PUA) claims. 'Period of Performance Start Date' is 4/26/2020 and the 'Period of Performance End Date' is 4/26/2021.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - LBR - Pandemic Unemployment Assistance Program	\$00	\$0.00	\$00	\$0.00
Line 2	No Project Assigned	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$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	No Project Assigned	06/16/2020	06/16/2020	\$785,340.00	Unemployment Benefits	
Line 2	001 - LBR - Pandemic Unemployment Assistance Program	07/01/2020	09/30/2020	\$125,654.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 3	001 - LBR - Pandemic Unemployment Assistance Program	07/01/2020	09/30/2020	\$-125,654.00	Unemployment Benefits	
Line 4	No Project Assigned	06/16/2020	06/16/2020	\$-785,340.00	Unemployment Benefits	
Line 5	001 - LBR - Pandemic Unemployment Assistance Program	07/01/2020	09/30/2020	\$125,654.00	Unemployment Benefits	
Line 6	001 - LBR - Pandemic Unemployment Assistance Program	07/01/2020	09/30/2020	\$-125,654.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$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			
Total:							\$00

Sub Screen: Contract: OCS-CAFDP-20-01

34	Sub-Recipient Organization (Contractor)*	Hawai'i Community Foundation-609632534		
35	Contract Number*	OCS-CAFDP-20-01		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$5,000,000.00		
38	Contract Date *	07/01/2020		
39	Period of Performance Start Date *	07/01/2020		
40	Period of Performance End Date *	12/07/2020		
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 *	CARES Act Food Distribution 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	003 - LBR - DLIR - OCS- HCF CARES Act Food Distribution Program	\$00	\$5,000,000.00	\$00	\$5,000,000.00
Total		\$00	\$5,000,000.00	\$00	\$5,000,000.00

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	003 - LBR - DLIR - OCS- HCF CARES Act Food Distribution Program	07/01/2020	09/15/2020	\$841,908.28	Food Programs	
Line 2	003 - LBR - DLIR - OCS- HCF CARES Act Food Distribution Program	10/01/2020	11/30/2020	\$4,158,091.72	Food Programs	
Total:						\$5,000,000.00

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	0			\$00			
Total:							\$00

Sub Screen: Contract: PECB 21-02

34	Sub-Recipient Organization (Contractor)*	ALOHA UNITED WAY, INC.-077665511		
35	Contract Number*	PECB 21-02		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$5,569,305.00		
38	Contract Date *	08/12/2020		
39	Period of Performance Start Date *	08/12/2020		
40	Period of Performance End Date *	08/31/2021		
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 *	Non-profit intermediary will coordinate with network of non-profit service providers to administer HHFDC's rent relief and housing assistance program for eligible households in Hawaii that have been 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	001 - BED - Housing Relief and Resiliency Program	\$00	\$5,569,305.00	\$00	\$5,569,305.00
Total		\$00	\$5,569,305.00	\$00	\$5,569,305.00

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	001 - BED - Housing Relief and Resiliency Program	08/12/2020	09/30/2020	\$5,800,049.19	Housing Support	
Line 2	0			\$0.00	Select	
Line 3	001 - BED - Housing Relief and Resiliency Program	05/01/2021	06/30/2021	\$-5,800,049.19	Housing Support	
Line 4	001 - BED - Housing Relief and Resiliency Program	08/12/2020	08/31/2021	\$5,569,305.00	Housing Support	
Total:						\$5,569,305.00

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			
Total:							\$00

Sub Screen: Contract: PECB 21-02 Supplemental Contract No. 1

34	Sub-Recipient Organization (Contractor)*	ALOHA UNITED WAY, INC.-077665511		
35	Contract Number*	PECB 21-02 Supplemental Contract No. 1		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$24,322,491.00		
38	Contract Date *	08/12/2020		
39	Period of Performance Start Date *	08/12/2020		
40	Period of Performance End Date *	12/31/2021		
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 *	Non-profit intermediary will coordinate with network of non-profit service providers to administer HHFDC's rent relief and housing assistance program for eligible households in Hawaii that have been 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	001 - BED - Housing Relief and Resiliency Program	\$00	\$24,322,491.00	\$00	\$23,712,180.98
Total		\$00	\$24,322,491.00	\$00	\$23,712,180.98

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	0			\$0.00	Select	
Line 2	001 - BED - Housing Relief and Resiliency Program	10/01/2020	12/30/2020	\$17,690,280.58	Housing Support	
Line 3	001 - BED - Housing Relief and Resiliency Program	08/12/2020	10/31/2020	\$173,953.23	Housing Support	
Line 4	001 - BED - Housing Relief and Resiliency Program	04/01/2021	06/30/2021	\$5,824,391.17	Housing Support	
Line 5	001 - BED - Housing Relief and Resiliency Program	08/12/2021	09/30/2021	\$23,556.00	Housing Support	
Total:						\$23,712,180.98

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			
Total:							\$00

Sub Screen: Contract: PECB 21-01

34	Sub-Recipient Organization (Contractor)*	CATHOLIC CHARITIES OF THE DIOCESE OF HONOLULU-868172834		
35	Contract Number*	PECB 21-01		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$0.00
38	Contract Date *	08/12/2020		
39	Period of Performance Start Date *	08/12/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1822 Keeaumoku 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 *	96822-3001		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 *	Non-profit intermediary will coordinate with network of non-profit service providers to administer HHFDC's rent relief and housing assistance program for eligible households in Hawaii that have been 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	001 - BED - Housing Relief and Resiliency Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$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	001 - BED - Housing Relief and Resiliency Program	08/12/2020	09/30/2020	\$91,615.05	Housing Support	
Line 2	0			\$0.00	Select	
Line 3	001 - BED - Housing Relief and Resiliency Program	08/12/2020	12/31/2020	\$-91,615.05	Housing Support	
Total:						\$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			
Total:							\$00

Sub Screen: Contract: PECB 21-01 Supplemental Contract No. 1

34	Sub-Recipient Organization (Contractor)*	CATHOLIC CHARITIES OF THE DIOCESE OF HONOLULU-868172834		
35	Contract Number*	PECB 21-01 Supplemental Contract No. 1		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$40,696,012.53		
38	Contract Date *	08/12/2020		
39	Period of Performance Start Date *	08/12/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1822 Keeaumoku 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 *	96822-3001		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 *	Non-profit intermediary will coordinate with network of non-profit service providers to administer HHFDC's rent relief and housing assistance program for eligible households in Hawaii that have been 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	001 - BED - Housing Relief and Resiliency Program	\$00	\$40,696,012.53	\$00	\$40,663,624.05
Total		\$00	\$40,696,012.53	\$00	\$40,663,624.05

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	001 - BED - Housing Relief and Resiliency Program	09/16/2020	09/30/2020	\$27,013.67	Housing Support	
Line 2	001 - BED - Housing Relief and Resiliency Program	10/01/2020	12/30/2020	\$40,289,303.68	Housing Support	
Line 3	001 - BED - Housing Relief and Resiliency Program	09/16/2020	10/31/2020	\$-257,401.31	Housing Support	
Line 4	001 - BED - Housing Relief and Resiliency Program	05/01/2021	06/30/2021	\$318,230.75	Housing Support	
Line 5	001 - BED - Housing Relief and Resiliency Program	06/01/2021	06/30/2021	\$286,477.26	Housing Support	
Line 6	0			\$0.00	Select	
Total:						\$40,663,624.05

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			
Total:							\$00

Sub Screen: Contract: OED 21-01

34	Sub-Recipient Organization (Contractor)*		Anthology Marketing Group, Inc.-011542893	
35	Contract Number*		OED 21-01	
36	Contract Type*		Definitive Contract	
37	Contract Amount*		\$91,564.06	
38	Contract Date *		09/02/2020	
39	Period of Performance Start Date *		09/02/2020	
40	Period of Performance End Date *		06/30/2021	
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 *		Professional advertising, marketing, public relations, media planning and placement, and development of an effective communications strategy for HHFDC's COVID-19 Rent Relief & Housing Assistance 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	001 - BED - Housing Relief and Resiliency Program	\$00	\$91,564.06	\$00	\$91,564.06
Total		\$00	\$91,564.06	\$00	\$91,564.06

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	001 - BED - Housing Relief and Resiliency Program	09/02/2020	12/28/2020	\$71,056.98	Items Not Listed Above	Marketing and Promotion - Professional advertising, marketing, public relations, media planning and placement, and development of an effective communications strategy for HHFDC's COVID-19 Rent Relief & Housing Assistance Program.
Line 3	001 - BED - Housing Relief and Resiliency Program	09/02/2020	03/31/2021	\$20,507.08	Items Not Listed Above	Marketing and Promotion - Professional advertising, marketing, public relations, media planning and placement, and development of an effective communications strategy for HHFDC's COVID-19 Rent Relief & Housing Assistance Program.
Line 4	0			\$0.00	Select	
Total:						\$91,564.06

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			
Total:							\$00

Sub Screen: Contract: 100-1002

34	Sub-Recipient Organization (Contractor)*		ECONOMIC DEVELOPMENT ALLIANCE OF HAWAII, INC.-146498998	
35	Contract Number*		100-1002	
36	Contract Type*		Purchase Order	
37	Contract Amount*		\$4,221,650.21	
38	Contract Date *		09/15/2020	
39	Period of Performance Start Date *		09/15/2020	
40	Period of Performance End Date *		06/30/2021	
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 *		Contractor will place full-time and part-time participants with potential employers in emerging technology industries that may be more resilient to the lasting impacts of the COVID-19 pandemic. The placement of participants will take place from September to December, 2020, and provide them with relevant exposure, training, and experience to upskill and reskill themselves to be better equipped and qualified for longer-term employment. Place of Performance is statewide.	

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	003 - BED - SCRF Retraining and Workforce Development	\$-698,349.79	\$4,221,650.21	\$2,454,177.11	\$4,221,650.21
Total		\$-698,349.79	\$4,221,650.21	\$2,454,177.11	\$4,221,650.21

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	
Line 2	003 - BED - SCRF Retraining and Workforce Development	10/01/2020	12/11/2020	\$2,000,000.00	Items Not Listed Above	Training and employment placement services
Line 3	003 - BED - SCRF Retraining and Workforce Development	01/01/2021	03/31/2021	\$-204,225.00	Items Not Listed Above	Training and Employment
Line 4	003 - BED - SCRF Retraining and Workforce Development	05/01/2021	06/30/2021	\$-28,301.90	Items Not Listed Above	Training and Employment
Total:						\$1,767,473.10

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	003 - BED - SCRF Retraining and Workforce Development	05/01/2021	06/30/2021	\$2,454,177.11	Items Not Listed Above	Training and Employment	
Total:						\$2,454,177.11	

Sub Screen: Contract: 100-1001

34	Sub-Recipient Organization (Contractor)*	HAWAII LONGLINE ASSOCIATION-361477024		
35	Contract Number*	100-1001		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$2,015,000.00		
38	Contract Date *	09/15/2020		
39	Period of Performance Start Date *	09/15/2020		
40	Period of Performance End Date *	06/30/2021		
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 *	Contractor will provide grants based upon landings from fishing trips to long-line fishers to make up for losses; and provide grants based upon landings from bottom fishers, trollers, and charter boats to make up for losses.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	005 - BED - Fishing Industry Support	\$00	\$2,015,000.00	\$00	\$2,015,000.00
Total		\$00	\$2,015,000.00	\$00	\$2,015,000.00

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	005 - BED - Fishing Industry Support	10/01/2020	12/11/2020	\$1,515,000.00	Small Business Assistance	
Line 3	0			\$0.00	Select	
Line 4	005 - BED - Fishing Industry Support	10/01/2020	06/30/2021	\$485,000.00	Small Business Assistance	
Line 5	005 - BED - Fishing Industry Support	10/01/2020	06/30/2021	\$15,000.00	Small Business Assistance	
Total:						\$2,015,000.00

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			
Total:							\$00

Sub Screen: Contract: 69078

34	Sub-Recipient Organization (Contractor)*	HAWAII SEAFOOD COUNCIL-828648712		
35	Contract Number*	69078		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$54,944.02
38	Contract Date *	09/01/2020		
39	Period of Performance Start Date *	09/01/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	1130 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 *	96817-4579		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 *	Fishing Industry Assistance		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	005 - BED - Fishing Industry Support	\$00	\$54,944.02	\$00	\$54,944.02
Total		\$00	\$54,944.02	\$00	\$54,944.02

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	005 - BED - Fishing Industry Support	09/01/2020	09/30/2020	\$54,944.02	Small Business Assistance	
Line 2	0			\$0.00	Select	
Line 3	0			\$0.00	Select	
Line 4	0			\$0.00	Select	
Total:						\$54,944.02

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			
Total:							\$00

Sub Screen: Contract: 100-1003

34	Sub-Recipient Organization (Contractor)*	KUPU-825068047		
35	Contract Number*	100-1003		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$2,499,689.43		
38	Contract Date *	09/11/2020		
39	Period of Performance Start Date *	09/11/2020		
40	Period of Performance End Date *	06/30/2021		
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 *	Contractor will place full-time and part-time participants with potential employers in the "green economy" that may be more resilient to the lasting impacts of the COVID-19 pandemic. The placement of participants will take place from September to December, 2020, and provide them with relevant exposure, training, and experience to upskill and reskill themselves to be better equipped and qualified for longer-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	003 - BED - SCRF Retraining and Workforce Development	\$-2,480,310.57	\$2,499,689.43	\$999,939.43	\$2,499,689.43
Total		\$-2,480,310.57	\$2,499,689.43	\$999,939.43	\$2,499,689.43

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			\$0.00	Select	
Line 2	003 - BED - SCRF Retraining and Workforce Development	10/01/2020	12/30/2020	\$1,499,750.00	Items Not Listed Above	Training and Employment Placement Services
Line 3	0			\$0.00	Select	
Total:						\$1,499,750.00

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	003 - BED - SCRF Retraining and Workforce Development	10/01/2020	12/30/2020	\$999,939.43	Items Not Listed Above	Training and Employment	
Total:						\$999,939.43	

Sub Screen: Contract: 100-1005

34	Sub-Recipient Organization (Contractor)*	KMH LLP-42-153962		
35	Contract Number*	100-1005		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$250,000.00		
38	Contract Date *	09/23/2020		
39	Period of Performance Start Date *	09/23/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1003 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 *	96813-6400		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 *	Review of CARES Act Funding		

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	\$155,731.95	\$250,000.00	\$155,731.95	\$250,000.00
Total		\$155,731.95	\$250,000.00	\$155,731.95	\$250,000.00

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	No Project Assigned	10/01/2020	12/30/2020	\$189,921.05	Items Not Listed Above	Review of CARES Act funding and expenses
Line 3	No Project Assigned	01/01/2021	03/31/2021	\$189,506.50	Items Not Listed Above	Review of CARES Act funding
Line 4	No Project Assigned	10/01/2020	06/30/2021	\$-314,383.75	Items Not Listed Above	Review of CARES Act funding
Line 5	No Project Assigned	09/24/2020	09/30/2021	\$29,224.25	Administrative Expenses	
Total:						\$94,268.05

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	08/31/2021	12/31/2021	\$155,731.95	Items Not Listed Above	Review of CARES Act funding	
Total:							\$155,731.95

Sub Screen: Contract: PO 143-1027

34	Sub-Recipient Organization (Contractor)*	KMH LLP-42-153962		
35	Contract Number*	PO 143-1027		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$50,000.00		
38	Contract Date *	09/25/2020		
39	Period of Performance Start Date *	09/25/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	1003 Bishop St Ste 2400		
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 *	96813-6469		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 *	Non-attest consulting 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	004 - BED - Innovation Grants to Create a Supply Chain of Cleaning Supplies and PPE	\$00	\$50,000.00	\$00	\$49,597.30
Total		\$00	\$50,000.00	\$00	\$49,597.30

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	0			\$0.00	Select	
Line 2	004 - BED - Innovation Grants to Create a Supply Chain of Cleaning Supplies and PPE	10/01/2020	12/30/2020	\$49,597.30	Administrative Expenses	
Total:						\$49,597.30

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			
Total:							\$00

Sub Screen: Contract: 68961

34	Sub-Recipient Organization (Contractor)*	NEC CORPORATION OF AMERICA-147255405		
35	Contract Number*	68961		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$30,890,000.00		
38	Contract Date *	07/15/2020		
39	Period of Performance Start Date *	07/15/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	400 Rodgers 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 *	96819-1880		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 *	Integrated Thermal Scanner, Facial Recognition Tracking System. Please note for all primary airports statewide.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DOT - SCRF Airport Sreening and Health Assurance Security	\$00	\$30,890,000.00	\$00	\$30,890,000.00
Total		\$00	\$30,890,000.00	\$00	\$30,890,000.00

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	001 - DOT - SCRF Airport Sreening and Health Assurance Security	07/15/2020	09/30/2020	\$6,111,468.75	COVID-19 Testing and Contact Tracing	
Line 2	001 - DOT - SCRF Airport Sreening and Health Assurance Security	10/01/2020	12/30/2020	\$19,261,849.18	COVID-19 Testing and Contact Tracing	
Line 3	001 - DOT - SCRF Airport Sreening and Health Assurance Security	01/01/2021	03/31/2021	\$3,213,692.19	COVID-19 Testing and Contact Tracing	
Line 4	001 - DOT - SCRF Airport Sreening and Health Assurance Security	04/01/2021	06/30/2021	\$2,302,989.88	Unemployment Benefits	
Total:						\$30,890,000.00

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			
Total:							\$00

Sub Screen: Contract: 69108

34	Sub-Recipient Organization (Contractor)*	CASTAWAY CONSTRUCTION & RESTORATION LLC-008420869		
35	Contract Number*	69108		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$8,657,392.00		
38	Contract Date *	09/25/2020		
39	Period of Performance Start Date *	09/25/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	400 Rodgers 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 *	96819-1880		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 *	Mobile Airport Medical Facility, Processing Facility and Control Room. Please note for all primary airports statewide.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DOT - SCRF Airport Sreening and Health Assurance Security	\$-1,983,608.00	\$8,657,392.00	\$1,193,067.00	\$8,657,392.00
Total		\$-1,983,608.00	\$8,657,392.00	\$1,193,067.00	\$8,657,392.00

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	001 - DOT - SCRF Airport Sreening and Health Assurance Security	10/01/2020	12/30/2020	\$4,186,461.23	COVID-19 Testing and Contact Tracing	
Line 3	001 - DOT - SCRF Airport Sreening and Health Assurance Security	01/01/2021	03/31/2021	\$2,217,488.77	COVID-19 Testing and Contact Tracing	
Line 4	0			\$0.00	Select	
Line 5	001 - DOT - SCRF Airport Sreening and Health Assurance Security	04/01/2021	06/30/2021	\$1,060,375.00	COVID-19 Testing and Contact Tracing	
Total:						\$7,464,325.00

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	001 - DOT - SCRF Airport Sreening and Health Assurance Security	06/30/2021	12/31/2021	\$1,193,067.00	COVID-19 Testing and Contact Tracing		
Total:							\$1,193,067.00

Sub Screen: Contract: 33115578

34	Sub-Recipient Organization (Contractor)*	eWorld Enterprise Solutions, Inc-162168186		
35	Contract Number*	33115578		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$574,800.00		
38	Contract Date *	09/01/2020		
39	Period of Performance Start Date *	09/01/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	400 Rodgers 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 *	96819-1880		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 *	Support Services for STH application, screeners and travelers. Please note for all primary airports statewide.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DOT - SCRF Airport Sreening and Health Assurance Security	\$00	\$574,800.00	\$00	\$574,800.00
Total		\$00	\$574,800.00	\$00	\$574,800.00

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	001 - DOT - SCRF Airport Sreening and Health Assurance Security	09/01/2020	12/30/2020	\$486,866.00	COVID-19 Testing and Contact Tracing	
Line 3	001 - DOT - SCRF Airport Sreening and Health Assurance Security	01/01/2021	03/31/2021	\$87,934.00	COVID-19 Testing and Contact Tracing	
Total:						\$574,800.00

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 33115582

34	Sub-Recipient Organization (Contractor)*	Carahsoft Technology Corp-88365767		
35	Contract Number*	33115582		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$109,303.62		
38	Contract Date *	09/11/2020		
39	Period of Performance Start Date *	09/11/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	400 Rodgers 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 *	96819-1880		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 *	Google Cloud Deploy. Please note for all primary airports statewide.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DOT - SCRF Airport Sreening and Health Assurance Security	\$00	\$109,303.62	\$00	\$109,303.62
Total		\$00	\$109,303.62	\$00	\$109,303.62

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	001 - DOT - SCRF Airport Sreening and Health Assurance Security	01/01/2021	03/31/2021	\$109,303.62	COVID-19 Testing and Contact Tracing	
Total:						\$109,303.62

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 33115574

34	Sub-Recipient Organization (Contractor)*	Twilio, Inc-DOT - 01		
35	Contract Number*	33115574		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$258,419.20		
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	400 Rodgers 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 *	96819-1880		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 *	Web-Based Traveler Verification Service. Please note for all primary airports statewide.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DOT - SCRF Airport Sreening and Health Assurance Security	\$-12,175.81	\$258,419.20	\$0.00	\$258,419.20
Total		\$-12,175.81	\$258,419.20	\$0.00	\$258,419.20

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	001 - DOT - SCRF Airport Sreening and Health Assurance Security	10/01/2020	12/30/2020	\$258,419.20	COVID-19 Testing and Contact Tracing	
Total:						\$258,419.20

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			
Total:							\$0.00

Sub Screen: Contract: DHS-20-SORO-0101

34	Sub-Recipient Organization (Contractor)*	eWorld Enterprise Solutions, Inc-162168186		
35	Contract Number*	DHS-20-SORO-0101		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,550,000.00		
38	Contract Date *	06/24/2020		
39	Period of Performance Start Date *	06/24/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	841 Bishop St Ste 1830		
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 *	96813-3920		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 Response IT Consulting 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	001 - DHS - Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web	\$00	\$1,550,000.00	\$00	\$1,550,000.00
Total		\$00	\$1,550,000.00	\$00	\$1,550,000.00

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	001 - DHS - Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web	07/01/2020	09/30/2020	\$1,550,000.00	Food Programs	
Total:						\$1,550,000.00

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			
Total:							\$00

Sub Screen: Contract: DHS-13-FMO-705

34	Sub-Recipient Organization (Contractor)*	CARDINAL PRESORT SERVICES LTD.-787090232		
35	Contract Number*	DHS-13-FMO-705		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$108,036.89		
38	Contract Date *	05/01/2020		
39	Period of Performance Start Date *	05/01/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	197 Sand Island Access Rd Unit A		
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 *	96819-4997		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 *	Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DHS - Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web	\$00	\$108,036.89	\$00	\$108,036.89
Total		\$00	\$108,036.89	\$00	\$108,036.89

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	001 - DHS - Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web	07/01/2020	09/30/2020	\$49,627.92	Food Programs	
Line 2	001 - DHS - Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web	01/01/2021	03/31/2021	\$58,408.97	Food Programs	
Total:						\$108,036.89

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			
Total:							\$00

Sub Screen: Contract: 20150000247-CO

34	Sub-Recipient Organization (Contractor)*	FIS Government Solutions-093611100		
35	Contract Number*	20150000247-CO		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$310,742.21		
38	Contract Date *	04/23/2020		
39	Period of Performance Start Date *	04/23/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	601 S Lake Destiny Rd Ste 300		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Maitland		
45	Primary Place of Performance State Code *	FL		
46	Primary Place of Performance Zip+4 *	32751-7263		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 *	Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DHS - Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web	\$00	\$310,742.21	\$00	\$310,742.21
Total		\$00	\$310,742.21	\$00	\$310,742.21

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	001 - DHS - Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web	07/01/2020	09/30/2020	\$140,954.37	Food Programs	
Line 2	001 - DHS - Pandemic Electronic Benefits Transfer (P-EBT), CC-PPE, SNAP-TANF web	01/01/2021	03/31/2021	\$169,787.84	Food Programs	
Total:						\$310,742.21

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			
Total:							\$00

Sub Screen: Contract: 33115555

34	Sub-Recipient Organization (Contractor)*	Verizon-956049563		
35	Contract Number*	33115555		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$201,973.00		
38	Contract Date *	08/12/2020		
39	Period of Performance Start Date *	08/12/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	400 Rodgers 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 *	96819-1880		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 *	Travel Screening, Purchase and Services. Please note for all primary airports statewide.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DOT - SCRF Airport Sreening and Health Assurance Security	\$56,900.13	\$201,973.00	\$56,900.13	\$201,973.00
Total		\$56,900.13	\$201,973.00	\$56,900.13	\$201,973.00

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	001 - DOT - SCRF Airport Sreening and Health Assurance Security	08/12/2020	09/30/2020	\$145,072.87	COVID-19 Testing and Contact Tracing	
Total:						\$145,072.87

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	001 - DOT - SCRF Airport Sreening and Health Assurance Security	09/01/2021	12/31/2021	\$56,900.13	COVID-19 Testing and Contact Tracing		
Total:							\$56,900.13

Sub Screen: Contract: 21350001

34	Sub-Recipient Organization (Contractor)*	KAMANU COMPOSITES LLC-013241433		
35	Contract Number*	21350001		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,658,924.57		
38	Contract Date *	08/25/2020		
39	Period of Performance Start Date *	08/25/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 SHIELDS - 406,224		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$1,658,924.57	\$00	\$1,658,924.57
Total		\$00	\$1,658,924.57	\$00	\$1,658,924.57

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	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/25/2020	12/30/2020	\$1,658,924.57	Personal Protective Equipment	
Total:						\$1,658,924.57

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			
Total:							\$00

Sub Screen: Contract: 21350002

34	Sub-Recipient Organization (Contractor)*	BODY ARMOR OUTLET, LLC-022599101		
35	Contract Number*	21350002		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$8,897,164.24		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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, PROTECTIVE SUITS, ISOLATION GOWNS, 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$8,897,164.24	\$00	\$4,072,739.45
Total		\$00	\$8,897,164.24	\$00	\$4,072,739.45

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	0			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$3,753,735.67	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	06/30/2021	\$319,003.78	Personal Protective Equipment	
Total:						\$4,072,739.45

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 21350006

34	Sub-Recipient Organization (Contractor)*	3M COMPANY-097691877		
35	Contract Number*	21350006		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$165,957.53		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	3M AURA PARTICULATE RESPIRATOR 9205 W/N95 FILTERS - 682CS		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$165,957.53	\$00	\$165,957.53
Total		\$00	\$165,957.53	\$00	\$165,957.53

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	0			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$165,957.53	Personal Protective Equipment	
Line 3	0			\$0.00	Select	
Total:						\$165,957.53

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			
Total:							\$00

Sub Screen: Contract: 21350007

34	Sub-Recipient Organization (Contractor)*	WW GRAINGER, INC.-606154490		
35	Contract Number*	21350007		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$575,916.02		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	HONEYWELL DF300 N95 DISPOSABLE PARTICULATE RESPIRATOR - 500K 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$575,916.02	\$00	\$575,916.02
Total		\$00	\$575,916.02	\$00	\$575,916.02

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$346,240.70	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$229,675.32	Personal Protective Equipment	
Total:						\$575,916.02

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			
Total:							\$00

Sub Screen: Contract: 21350008

34	Sub-Recipient Organization (Contractor)*	T & L HAWAIIAN WEAR, INC.-157765249		
35	Contract Number*	21350008		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$526,060.00		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	FABRIC FACE MASK RANDOM PRINTS - 100K 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$526,060.00	\$00	\$526,060.00
Total		\$00	\$526,060.00	\$00	\$526,060.00

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$394,545.00	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$131,515.00	Personal Protective Equipment	
Total:						\$526,060.00

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			
Total:							\$00

Sub Screen: Contract: 21350009

34	Sub-Recipient Organization (Contractor)*	JALENEKANANI, INC.-078402454		
35	Contract Number*	21350009		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$0.00
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *			
50	Contract Description *	PLEATED FABRIC FACE MASKS - 100K 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$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	
Line 3	0		\$0.00	Select	
Total:					\$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			
Total:						\$00

Sub Screen: Contract: 21350011

34	Sub-Recipient Organization (Contractor)*	CINTAS CORPORATION NO. 2-786708425		
35	Contract Number*	21350011		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$476,686.15		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 51,800 W/BIAS TIES, 51,800 W/EAR LOOPS		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$476,686.15	\$00	\$476,686.15
Total		\$00	\$476,686.15	\$00	\$476,686.15

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	0			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$230,039.85	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$246,646.30	Personal Protective Equipment	
Line 4	0			\$0.00	Select	
Total:						\$476,686.15

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 21350013

34	Sub-Recipient Organization (Contractor)*	BODY ARMOR OUTLET, LLC-022599101		
35	Contract Number*	21350013		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$280,837.59		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	50K EA BOUFFANT, 40K EA SHOE COVERS, 60K EA 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$280,837.59	\$00	\$280,837.58
Total		\$00	\$280,837.59	\$00	\$280,837.58

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	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$191,832.38	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$89,005.20	Personal Protective Equipment	
Total:						\$280,837.58

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			
Total:							\$00

Sub Screen: Contract: 21350014

34	Sub-Recipient Organization (Contractor)*	T & L HAWAIIAN WEAR, INC.-157765249		
35	Contract Number*	21350014		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$526,060.00		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 100K 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$526,060.00	\$00	\$526,060.00
Total		\$00	\$526,060.00	\$00	\$526,060.00

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$394,545.00	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$131,515.00	Personal Protective Equipment	
Total:						\$526,060.00

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			
Total:							\$00

Sub Screen: Contract: 21350015

34	Sub-Recipient Organization (Contractor)*	WW GRAINGER, INC.-606154490		
35	Contract Number*	21350015		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$130,052.30		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PROTECTIVE SUITS 20K		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$130,052.30	\$00	\$130,052.28
Total		\$00	\$130,052.30	\$00	\$130,052.28

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$130,052.28	Personal Protective Equipment	
Total:						\$130,052.28

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 21350016

34	Sub-Recipient Organization (Contractor)*	THE HB GROUP-604586677		
35	Contract Number*	21350016		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$3,269,396.92		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	SURGMASK, ISOLATION GOWN, SHOE COVER		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$3,269,396.92	\$00	\$3,269,396.92
Line 2	0	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$3,269,396.92	\$00	\$3,269,396.92

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$1,277,984.10	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$1,991,412.82	Personal Protective Equipment	
Total:						\$3,269,396.92

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			
Total:							\$00

Sub Screen: Contract: 21350017

34	Sub-Recipient Organization (Contractor)*	BODY ARMOR OUTLET, LLC-022599101		
35	Contract Number*	21350017		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$96,125.62
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PROTECTIVE SUITS , GOGGLES, NITRILE 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$96,125.62	\$00	\$96,125.62
Total		\$00	\$96,125.62	\$00	\$96,125.62

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$94,627.20	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	06/30/2021	\$1,498.42	Personal Protective Equipment	
Total:						\$96,125.62

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 21350018

34	Sub-Recipient Organization (Contractor)*	SID TOOL CO., INC.-002412724		
35	Contract Number*	21350018		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$65,252.33		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	540K EA BOUFFANT, ISO 8, 100 EA/PK		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$65,252.33	\$00	\$0.00
Total		\$00	\$65,252.33	\$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	
Total:					\$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			
Total:						\$00

Sub Screen: Contract: 21350019

34	Sub-Recipient Organization (Contractor)*	HONBLUE, INC.-033188103		
35	Contract Number*	21350019		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$624,083.52		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	100K FACE SHIELDS		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$624,083.52	\$00	\$624,083.52
Total		\$00	\$624,083.52	\$00	\$624,083.52

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$624,083.52	Personal Protective Equipment	
Total:						\$624,083.52

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			
Total:							\$00

Sub Screen: Contract: 21350020

34	Sub-Recipient Organization (Contractor)*	KAMANU COMPOSITES LLC-013241433		
35	Contract Number*	21350020		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,220,418.36		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	315K FACE SHIELDS		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$1,220,418.36	\$00	\$1,220,418.36
Total		\$00	\$1,220,418.36	\$00	\$1,220,418.36

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	0			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$1,220,418.36	Personal Protective Equipment	
Total:						\$1,220,418.36

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			
Total:							\$00

Sub Screen: Contract: 21350021

34	Sub-Recipient Organization (Contractor)*	FASTENAL CO.-027811721		
35	Contract Number*	21350021		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$50,000.00		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	43840 EA N95 MOLDEX 2200, N95 3M 8210		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$50,000.00	\$00	\$37,828.86
Total		\$00	\$50,000.00	\$00	\$37,828.86

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	0			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$60,028.59	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$-22,199.73	Personal Protective Equipment	
Total:						\$37,828.86

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	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 21350022

34	Sub-Recipient Organization (Contractor)*	BOTACH, INC.-965068661		
35	Contract Number*	21350022		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,036,648.80		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	360000 MOLDEX 4400		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$1,036,648.80	\$00	\$0.00
Total		\$00	\$1,036,648.80	\$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	
Total:					\$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			
Total:						\$00

Sub Screen: Contract: 21350023

34	Sub-Recipient Organization (Contractor)*	CLEARMASK, LLC-080991401		
35	Contract Number*	21350023		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$83,052.53
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *			
50	Contract Description *	CLEAR MASKS W/ EZ-ADJUSTER, 31104 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$83,052.53	\$00	\$83,052.53
Total		\$00	\$83,052.53	\$00	\$83,052.53

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	0			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$83,052.53	Personal Protective Equipment	
Line 3	0			\$0.00	Select	
Total:						\$83,052.53

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			
Total:							\$00

Sub Screen: Contract: 21350024

34	Sub-Recipient Organization (Contractor)*	THE HB GROUP-604586677		
35	Contract Number*	21350024		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$8,348,639.00		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	LEVEL 1 SURGICAL MASKS, PROTECTIVE COVERALLS, LEVEL 2 ISO GOWNS, LEVEL 3 ISO 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$8,348,639.00	\$00	\$8,348,639.00
Total		\$00	\$8,348,639.00	\$00	\$8,348,639.00

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020 12/31/2020	\$4,651,858.25	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020 03/31/2021	\$3,696,478.25	Personal Protective Equipment	
Line 4	001 - DEF - SCRF Personal Protection Equipment	08/14/2020 03/31/2021	\$302.50	Personal Protective Equipment	
Total:					\$8,348,639.00

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			
Total:						\$00

Sub Screen: Contract: 21350026

34	Sub-Recipient Organization (Contractor)*	NATIONWIDE MEDICAL SUPPLY INC.-130676565		
35	Contract Number*	21350026		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$2,997,904.56		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	408K EA MAKRITE 9500-N95, 410K EA MAKRITE 9500-N95S		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$2,997,904.56	\$00	\$2,997,904.56
Total		\$00	\$2,997,904.56	\$00	\$2,997,904.56

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$2,462,396.88	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$535,507.68	Personal Protective Equipment	
Total:						\$2,997,904.56

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			
Total:							\$00

Sub Screen: Contract: 21350027

34	Sub-Recipient Organization (Contractor)*	KAMANU COMPOSITES LLC-013241433		
35	Contract Number*	21350027		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$387,434.40		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	100K EA FACE SHIELDS		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$387,434.40	\$00	\$387,434.40
Total		\$00	\$387,434.40	\$00	\$387,434.40

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$387,434.00	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$0.40	Personal Protective Equipment	
Total:						\$387,434.40

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 21350028

34	Sub-Recipient Organization (Contractor)*	CINTAS CORPORATION NO. 2-786708425		
35	Contract Number*	21350028		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$226,344.20		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	50K EA FACE COVERINGS W/INTERFACING LAYERS & BIAS TIES & ELASTIC EAR LOOPS		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$226,344.20	\$00	\$226,344.20
Total		\$00	\$226,344.20	\$00	\$226,344.20

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$226,344.20	Personal Protective Equipment	
Total:						\$226,344.20

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			
Total:							\$00

Sub Screen: Contract: 21350030

34	Sub-Recipient Organization (Contractor)*	WW GRAINGER, INC.-606154490		
35	Contract Number*	21350030		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$164,678.99		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PROTECTIVE COVERALL, ISOLATION GOWN		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$164,678.99	\$00	\$164,678.98
Total		\$00	\$164,678.99	\$00	\$164,678.98

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	0			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$164,678.98	Personal Protective Equipment	
Total:						\$164,678.98

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			
Total:							\$00

Sub Screen: Contract: 21350031

34	Sub-Recipient Organization (Contractor)*	THE HB GROUP-604586677		
35	Contract Number*	21350031		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$117,172.73		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	ISOLATION GOWNS, SHOE 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$117,172.73	\$00	\$117,172.73
Total		\$00	\$117,172.73	\$00	\$117,172.73

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	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$117,172.73	Personal Protective Equipment	
Total:						\$117,172.73

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			
Total:							\$00

Sub Screen: Contract: 21350032

34	Sub-Recipient Organization (Contractor)*	BODY ARMOR OUTLET, LLC-022599101		
35	Contract Number*	21350032		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$92,373.00
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PROTECTIVE SUITS, MASKS, NITRILE 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$92,373.00	\$00	\$92,373.00
Total		\$00	\$92,373.00	\$00	\$92,373.00

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$29,216.25	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$63,156.75	Personal Protective Equipment	
Total:						\$92,373.00

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			
Total:							\$00

Sub Screen: Contract: 21350037

34	Sub-Recipient Organization (Contractor)*	THE HB GROUP-604586677		
35	Contract Number*	21350037		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$293,717.16		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	GLOVES, MASKS, 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$293,717.16	\$00	\$293,717.16
Total		\$00	\$293,717.16	\$00	\$293,717.16

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	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$293,717.16	Personal Protective Equipment	
Total:						\$293,717.16

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			
Total:							\$00

Sub Screen: Contract: 21350038

34	Sub-Recipient Organization (Contractor)*	BODY ARMOR OUTLET, LLC-022599101		
35	Contract Number*	21350038		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$2,644,501.56		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	ISOLATION GOWN, SHOE COVERS, EXAM 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$2,644,501.56	\$00	\$2,640,056.91
Total		\$00	\$2,644,501.56	\$00	\$2,640,056.91

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	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$2,438,975.83	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	06/30/2021	\$201,081.08	Personal Protective Equipment	
Total:						\$2,640,056.91

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 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 21350039

34	Sub-Recipient Organization (Contractor)*	NATIONWIDE MEDICAL SUPPLY INC.-130676565		
35	Contract Number*	21350039		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$2,198,952.01		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	200K EA MAKRITE 9500-N95; 400K EA MAKRITE 9500-N95S		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$2,198,952.01	\$00	\$2,198,952.01
Total		\$00	\$2,198,952.01	\$00	\$2,198,952.01

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			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$290,628.16	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$1,908,323.85	Personal Protective Equipment	
Total:						\$2,198,952.01

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			
Total:							\$00

Sub Screen: Contract: 21350041

34	Sub-Recipient Organization (Contractor)*	THE HB GROUP-604586677		
35	Contract Number*	21350041		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$75,392.65		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	GOGGLES, SHOE COVERS		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$75,392.65	\$00	\$75,392.65
Total		\$00	\$75,392.65	\$00	\$75,392.65

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$75,392.65	Personal Protective Equipment	
Total:						\$75,392.65

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			
Total:							\$00

Sub Screen: Contract: 21350042

34	Sub-Recipient Organization (Contractor)*	WW GRAINGER, INC.-606154490		
35	Contract Number*	21350042		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$190,575.84		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$190,575.84	\$00	\$190,575.84
Total		\$00	\$190,575.84	\$00	\$190,575.84

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	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$190,575.84	Personal Protective Equipment	
Total:						\$190,575.84

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 21350043

34	Sub-Recipient Organization (Contractor)*	BODY ARMOR OUTLET, LLC-022599101		
35	Contract Number*	21350043		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$3,418,166.30		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PROTECTIVE SUITS, GOWNS, 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	001 - DEF - SCRF Personal Protection Equipment	\$00	\$3,418,166.30	\$00	\$3,418,166.30
Total		\$00	\$3,418,166.30	\$00	\$3,418,166.30

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	0			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	12/31/2020	\$57,068.94	Personal Protective Equipment	
Line 3	001 - DEF - SCRF Personal Protection Equipment	01/01/2021	03/31/2021	\$2,226,794.95	Personal Protective Equipment	
Line 4	001 - DEF - SCRF Personal Protection Equipment	01/01/2021	06/30/2021	\$1,134,302.41	Personal Protective Equipment	
Total:						\$3,418,166.30

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			
Total:							\$00

Sub Screen: Contract: 21527001

34	Sub-Recipient Organization (Contractor)*	VERITIV OPERATING CO.-044002046		
35	Contract Number*	21527001		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$267,088.00		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	100 EA VP300ESK BACKPACK SPRAYER; 30 EA VP200 HANDHELD ELCTROSTATIC HAND 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	002 - DEF - COVID19 Response	\$00	\$267,088.00	\$00	\$267,088.00
Total		\$00	\$267,088.00	\$00	\$267,088.00

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	002 - DEF - COVID19 Response	08/14/2020	12/31/2020	\$99,507.62	Personal Protective Equipment	
Line 3	002 - DEF - COVID19 Response	08/14/2020	03/31/2021	\$167,580.38	Personal Protective Equipment	
Total:						\$267,088.00

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			
Total:							\$00

Sub Screen: Contract: 21527003

34	Sub-Recipient Organization (Contractor)*	FISHER SCIENTIFIC COMPANY L.L.C.-074399684		
35	Contract Number*	21527003		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$271,791.24		
38	Contract Date *	09/09/2020		
39	Period of Performance Start Date *	09/09/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	SUPPLIES 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	002 - DEF - COVID19 Response	\$00	\$271,791.24	\$00	\$271,791.24
Total		\$00	\$271,791.24	\$00	\$271,791.24

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	002 - DEF - COVID19 Response	09/09/2020	12/31/2020	\$142,417.06	Personal Protective Equipment	
Line 3	002 - DEF - COVID19 Response	09/09/2020	03/31/2021	\$129,374.18	Personal Protective Equipment	
Total:						\$271,791.24

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			
Total:							\$00

Sub Screen: Contract: 21527004

34	Sub-Recipient Organization (Contractor)*	FISHER SCIENTIFIC COMPANY L.L.C.-074399684		
35	Contract Number*	21527004		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$1,571,626.86		
38	Contract Date *	09/09/2020		
39	Period of Performance Start Date *	09/09/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	BD RAPID ANTIGEN TEST; BD VERITOR Expenditure Date Range: 3/1/2020 to 12/31/2020		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$1,571,626.86	\$00	\$1,419,745.35
Total		\$00	\$1,571,626.86	\$00	\$1,419,745.35

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			\$0.00	Select	
Line 2	002 - DEF - COVID19 Response	09/09/2020	12/31/2020	\$1,419,745.35	Personal Protective Equipment	
Total:						\$1,419,745.35

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 21527006

34	Sub-Recipient Organization (Contractor)*	PAC/RIM MEDICAL TECHNOLOGY AND SUPPLIES CORP-186668992		
35	Contract Number*	21527006		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$87,434.52		
38	Contract Date *	09/18/2020		
39	Period of Performance Start Date *	09/18/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	2000 EA NON-CONTACT THERMOMETERS Expenditure Data Range: 3/1/2020 to 12/31/2020		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$87,434.52	\$00	\$87,434.52
Total		\$00	\$87,434.52	\$00	\$87,434.52

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	002 - DEF - COVID19 Response	09/18/2020	12/31/2020	\$87,434.52	Personal Protective Equipment	
Total:						\$87,434.52

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			
Total:							\$00

Sub Screen: Contract: 21527007

34	Sub-Recipient Organization (Contractor)*	MARLIN DISTRIBUTORS-078607093		
35	Contract Number*	21527007		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$210,786.57		
38	Contract Date *	09/18/2020		
39	Period of Performance Start Date *	09/18/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	1K EA 1GAL HAND SANITIZER; 2K EA 5GAL HAND SANITIZER; 2K EA 1GAL DSR#13789-00375 Expenditure Date Range: 3/1/2020 to 12/31/2020		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$210,786.57	\$00	\$210,786.57
Total		\$00	\$210,786.57	\$00	\$210,786.57

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	
Line 2	002 - DEF - COVID19 Response	09/18/2020	12/31/2020	\$210,786.57	Personal Protective Equipment	
Total:						\$210,786.57

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			
Total:							\$00

Sub Screen: Contract: 21527008

34	Sub-Recipient Organization (Contractor)*	FASTENAL CO.-027811721		
35	Contract Number*	21527008		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$84,483.00
38	Contract Date *	09/18/2020		
39	Period of Performance Start Date *	09/18/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	100 EA 55 GAL DRUM; 500 EA CUBITAINERS; 4K EA 8 OZ. FUNNEL		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$84,483.00	\$00	\$84,483.00
Total		\$00	\$84,483.00	\$00	\$84,483.00

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	002 - DEF - COVID19 Response	09/18/2020	03/31/2021	\$84,483.00	Personal Protective Equipment	
Total:						\$84,483.00

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			
Total:							\$00

Sub Screen: Contract: 21527010

34	Sub-Recipient Organization (Contractor)*	PROTECTION FOR HUMANITY, LLC-117538812		
35	Contract Number*	21527010		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$355,179.96		
38	Contract Date *	09/15/2020		
39	Period of Performance Start Date *	09/15/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	2500 EA 1GAL HAND SANITIZER; 500 EA PUMP HAND SANITIZER; 1760 EA SPRAYER; 1850 EA WALL MOUNT HAND SANITIZER		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$355,179.96	\$00	\$355,179.96
Total		\$00	\$355,179.96	\$00	\$355,179.96

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	
Line 2	002 - DEF - COVID19 Response	09/15/2020	12/31/2020	\$355,179.96	Personal Protective Equipment	
Total:						\$355,179.96

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			
Total:							\$00

Sub Screen: Contract: 21524001

34	Sub-Recipient Organization (Contractor)*	Carahsoft Technology Corp-88365767		
35	Contract Number*	21524001		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$0.00
38	Contract Date *	07/31/2020		
39	Period of Performance Start Date *	07/31/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	1801 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 *	96815-1513		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 *	RESEARCH AND MESSAGING AND MEDIA CONSULTATION FOR DOH		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$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	002 - DEF - COVID19 Response	07/31/2020	09/30/2020	\$637,708.64	COVID-19 Testing and Contact Tracing	
Line 2	0	07/31/2020	12/31/2020	\$0.00	Select	
Line 3	002 - DEF - COVID19 Response	07/31/2020	03/31/2021	\$-388,283.64	COVID-19 Testing and Contact Tracing	
Line 4	002 - DEF - COVID19 Response	07/31/2020	03/31/2021	\$-249,425.00	COVID-19 Testing and Contact Tracing	
Total:						\$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			
Total:							\$00

Sub Screen: Contract: 21524002

34	Sub-Recipient Organization (Contractor)*	Anthology Marketing Group, Inc.-011542893		
35	Contract Number*	21524002		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$0.00
38	Contract Date *	07/31/2020		
39	Period of Performance Start Date *	07/31/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	1801 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 *	96815-1513		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 *	CLOUD DEPLOY/DEVELOP SAFE TRAVELS APP. TRACKING ARRIVING PAX		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$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	002 - DEF - COVID19 Response	07/31/2020	09/30/2020	\$249,952.75	COVID-19 Testing and Contact Tracing	
Line 2	0	07/31/2020	12/31/2020	\$0.00	Select	
Line 3	002 - DEF - COVID19 Response	07/31/2020	03/31/2021	\$387,755.89	COVID-19 Testing and Contact Tracing	
Line 4	002 - DEF - COVID19 Response	07/31/2020	06/30/2021	\$-637,708.64	COVID-19 Testing and Contact Tracing	
Total:						\$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			
Total:							\$00

Sub Screen: Contract: 21524004

34	Sub-Recipient Organization (Contractor)*	NIPPON FOOD TAKEOUT & CATERING, INC.-782169668		
35	Contract Number*	21524004		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$0.00
38	Contract Date *	08/15/2020		
39	Period of Performance Start Date *	08/15/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PREPARED MEALS FOR TF OAHU, TF MED, & TF RES 8-22 AUG		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$45,367.00	\$00	\$0.00
Line 2	0	\$00	\$-45,367.00	\$00	\$0.00
Total		\$00	\$0.00	\$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	002 - DEF - COVID19 Response	08/15/2020	09/30/2020	\$53,940.00	Items Not Listed Above	Meals for National Guard
Line 2	002 - DEF - COVID19 Response	08/15/2020	03/31/2021	\$-8,573.00	Items Not Listed Above	Meals for National Guard
Line 3	002 - DEF - COVID19 Response	08/15/2020	03/31/2021	\$-45,367.00	Items Not Listed Above	Meals for National Guard
Total:						\$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			
Total:							\$00

Sub Screen: Contract: 21524006

34	Sub-Recipient Organization (Contractor)*	GRAND NANILOA HOTEL-079608988		
35	Contract Number*	21524006		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$147,744.00
38	Contract Date *	08/24/2020		
39	Period of Performance Start Date *	08/24/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *			
50	Contract Description *	LODGING TF HILO 22 AUG20 - 30 DEC20		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$147,744.00	\$00	\$147,744.00
Total		\$00	\$147,744.00	\$00	\$147,744.00

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	002 - DEF - COVID19 Response	08/24/2020	09/30/2020	\$76,836.00	Items Not Listed Above	LODGING FOR NATIONAL GUARD
Line 2	002 - DEF - COVID19 Response	08/24/2020	03/31/2021	\$70,908.00	Items Not Listed Above	LODGING FOR NATIONAL GUARD
Total:						\$147,744.00

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			
Total:							\$00

Sub Screen: Contract: 21524007

34	Sub-Recipient Organization (Contractor)*	KAUAI COCONUT BEACH OPERATOR, LLC-966644648		
35	Contract Number*	21524007		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$494,358.74		
38	Contract Date *	08/25/2020		
39	Period of Performance Start Date *	08/25/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	LODGING TF KAUAI 22 AUG20 - 30 DEC20		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$494,358.74	\$00	\$494,358.74
Total		\$00	\$494,358.74	\$00	\$494,358.74

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	002 - DEF - COVID19 Response	08/25/2020	12/31/2020	\$494,358.74	Items Not Listed Above	LODGING FOR NATIONAL GUARD
Line 3	0			\$0.00	Select	
Total:						\$494,358.74

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			
Total:							\$00

Sub Screen: Contract: 21524008

34	Sub-Recipient Organization (Contractor)*	KONA SURF PARTNERS LLC-078483086		
35	Contract Number*	21524008		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$328,040.00		
38	Contract Date *	08/25/2020		
39	Period of Performance Start Date *	08/25/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	LODGING TF KONA 22 AUG20 - 30 DEC20		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$328,040.00	\$00	\$328,040.00
Total		\$00	\$328,040.00	\$00	\$328,040.00

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	002 - DEF - COVID19 Response	08/25/2020	09/30/2020	\$252,841.00	Items Not Listed Above	LODGING FOR NATIONAL GUARD
Line 2	002 - DEF - COVID19 Response	08/25/2020	12/31/2020	\$75,199.00	Items Not Listed Above	LODGING FOR NATIONAL GUARD
Line 3	002 - DEF - COVID19 Response	08/25/2020	03/31/2021	\$-22,657.00	Items Not Listed Above	LODGING FOR NATIONAL GUARD
Line 4	002 - DEF - COVID19 Response	08/25/2020	06/30/2021	\$22,657.00	Items Not Listed Above	LODGING FOR NATIONAL GUARD
Total:						\$328,040.00

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			
Total:							\$00

Sub Screen: Contract: 21524009

34	Sub-Recipient Organization (Contractor)*	WC MAUI C-930303763		
35	Contract Number*	21524009		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$278,037.75		
38	Contract Date *	08/25/2020		
39	Period of Performance Start Date *	08/25/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	LODGING TF MAUI 22 AUG20 - 30 DEC20		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$278,037.75	\$00	\$278,037.35
Total		\$00	\$278,037.75	\$00	\$278,037.35

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			\$0.00	Select	
Line 2	002 - DEF - COVID19 Response	08/25/2020	12/31/2020	\$278,037.35	Items Not Listed Above	LODGING FOR NATIONAL GUARD
Line 3	0			\$0.00	Select	
Total:						\$278,037.35

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 21524011

34	Sub-Recipient Organization (Contractor)*	HAWAII VISITORS AND CONVENTION BUREAU-003196271		
35	Contract Number*	21524011		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$683,434.00		
38	Contract Date *	09/09/2020		
39	Period of Performance Start Date *	09/09/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	1801 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 *	96815-1513		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 *	COST OF THE EXPANSION OF 800-GO-HAWAII CALL 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	002 - DEF - COVID19 Response	\$00	\$683,434.00	\$00	\$683,434.00
Total		\$00	\$683,434.00	\$00	\$683,434.00

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	002 - DEF - COVID19 Response	09/09/2020	09/30/2020	\$683,434.00	COVID-19 Testing and Contact Tracing	
Total:						\$683,434.00

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			
Total:							\$00

Sub Screen: Contract: 21524012

34	Sub-Recipient Organization (Contractor)*	BIG ISLAND GRILL, INC.-117508297		
35	Contract Number*	21524012		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$53,461.75
38	Contract Date *	08/27/2020		
39	Period of Performance Start Date *	08/27/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PREPARED MEALS FOR TF KONA 22 AUG20 - 30 SEP20		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$53,461.75	\$00	\$53,461.75
Total		\$00	\$53,461.75	\$00	\$53,461.75

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	002 - DEF - COVID19 Response	08/27/2020	09/30/2020	\$19,864.92	Items Not Listed Above	MEALS FOR NATIONAL GUARD
Line 2	002 - DEF - COVID19 Response	08/27/2020	12/31/2020	\$33,596.83	Items Not Listed Above	MEALS FOR NATIONAL GUARD
Line 3	0			\$0.00	Select	
Total:						\$53,461.75

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			
Total:							\$00

Sub Screen: Contract: 21524015

34	Sub-Recipient Organization (Contractor)*	NIPPON FOOD TAKEOUT & CATERING, INC.-782169668		
35	Contract Number*	21524015		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$153,840.00		
38	Contract Date *	09/02/2020		
39	Period of Performance Start Date *	09/02/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PREPARED MEALS FOR TF OAHU 23 AUG20 - 30 SEP20		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$153,840.00	\$00	\$145,158.00
Total		\$00	\$153,840.00	\$00	\$145,158.00

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	002 - DEF - COVID19 Response	09/02/2020	09/30/2020	\$101,807.00	Items Not Listed Above	MEALS FOR NATIONAL GUARD
Line 2	002 - DEF - COVID19 Response	09/02/2020	12/31/2020	\$43,351.00	Items Not Listed Above	MEALS FOR NATIONAL GUARD
Total:						\$145,158.00

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			
Total:							\$00

Sub Screen: Contract: 21524017

34	Sub-Recipient Organization (Contractor)*	HAWAII VISITORS AND CONVENTION BUREAU-003196271		
35	Contract Number*	21524017		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$218,370.00		
38	Contract Date *	09/04/2020		
39	Period of Performance Start Date *	09/04/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	1801 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 *	96815-1513		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 *	COST OF THE EXPANSION OF 800-GO-HAWAII CALL 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	002 - DEF - COVID19 Response	\$00	\$218,370.00	\$00	\$218,370.00
Total		\$00	\$218,370.00	\$00	\$218,370.00

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	002 - DEF - COVID19 Response	09/04/2020	09/30/2020	\$218,370.00	COVID-19 Testing and Contact Tracing	
Total:						\$218,370.00

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			
Total:							\$00

Sub Screen: Contract: 21524018

34	Sub-Recipient Organization (Contractor)*	HAWAII VISITORS AND CONVENTION BUREAU-003196271		
35	Contract Number*	21524018		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$81,205.32		
38	Contract Date *	09/04/2020		
39	Period of Performance Start Date *	09/04/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	1801 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 *	96815-1513		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 *	HOTELS 4 HEROS PROGRAM 24-31 AUG 831 RMS.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$81,205.32	\$00	\$81,205.32
Total		\$00	\$81,205.32	\$00	\$81,205.32

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	002 - DEF - COVID19 Response	09/04/2020	09/30/2020	\$218,370.00	Items Not Listed Above	HOTELS 4 HEROES PROGRAM
Line 2	002 - DEF - COVID19 Response	09/04/2020	09/30/2020	\$-137,164.68	COVID-19 Testing and Contact Tracing	
Line 3	002 - DEF - COVID19 Response	09/04/2020	09/30/2020	\$137,164.68	COVID-19 Testing and Contact Tracing	
Line 4	002 - DEF - COVID19 Response	09/04/2020	09/30/2020	\$-137,164.68	Items Not Listed Above	HOTELS 4 HEROS PROGRAM
Total:						\$81,205.32

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			
Total:							\$00

Sub Screen: Contract: 21524019

34	Sub-Recipient Organization (Contractor)*	Carahsoft Technology Corp-88365767		
35	Contract Number*	21524019		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$331,727.62		
38	Contract Date *	09/04/2020		
39	Period of Performance Start Date *	09/04/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	1801 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 *	96815-1513		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 *	GOOGLE VOICEBOT		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$331,727.62	\$00	\$331,727.62
Total		\$00	\$331,727.62	\$00	\$331,727.62

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	002 - DEF - COVID19 Response	09/09/2020	12/31/2020	\$331,727.62	COVID-19 Testing and Contact Tracing	
Total:						\$331,727.62

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 21524022

34	Sub-Recipient Organization (Contractor)*	PC SPECIALISTS, INC.-036605749		
35	Contract Number*	21524022		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$235,459.91
38	Contract Date *	09/12/2020		
39	Period of Performance Start Date *	09/12/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	1801 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 *	96815-1513		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 *	LAPTOPS, WEBCAMS, HEADSETS, DVD DRIVES & DOCKING/TELEWORK		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$235,459.91	\$00	\$235,459.91
Total		\$00	\$235,459.91	\$00	\$235,459.91

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	
Line 2	002 - DEF - COVID19 Response	09/12/2020	12/31/2020	\$235,459.91	Improve Telework Capabilities of Public Employees	
Line 3	0			\$0.00	Select	
Total:						\$235,459.91

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 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 21524023

34	Sub-Recipient Organization (Contractor)*	KAUAI COCONUT BEACH OPERATOR, LLC-966644648		
35	Contract Number*	21524023		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$94,054.21		
38	Contract Date *	09/14/2020		
39	Period of Performance Start Date *	09/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PREPARED MEALS TF KAUAI 25 AUG20 - 30 SEP20		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$94,054.21	\$00	\$94,054.21
Total		\$00	\$94,054.21	\$00	\$94,054.21

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	
Line 2	002 - DEF - COVID19 Response	09/14/2020	12/31/2020	\$82,513.06	Items Not Listed Above	MEALS FOR NATIONAL GUARD
Line 3	002 - DEF - COVID19 Response	09/14/2020	03/31/2021	\$11,541.15	Items Not Listed Above	MEALS FOR NATIONAL GUARD
Total:						\$94,054.21

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			
Total:							\$00

Sub Screen: Contract: 21524031

34	Sub-Recipient Organization (Contractor)*	HAWAII VISITORS AND CONVENTION BUREAU-003196271		
35	Contract Number*	21524031		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$183,253.00		
38	Contract Date *	09/30/2020		
39	Period of Performance Start Date *	09/30/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	1801 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 *	96815-1513		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 *	50% MO. PHONE CHARGES 1-15 SEPT CALL CENTER COST 1-14 SEPT		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$183,253.00	\$00	\$183,253.00
Total		\$00	\$183,253.00	\$00	\$183,253.00

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	002 - DEF - COVID19 Response	09/30/2020	12/31/2020	\$183,253.00	COVID-19 Testing and Contact Tracing	
Total:						\$183,253.00

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			
Total:							\$00

Sub Screen: Contract: 21524032

34	Sub-Recipient Organization (Contractor)*	NIPPON FOOD TAKEOUT & CATERING, INC.-782169668		
35	Contract Number*	21524032		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$72,940.00		
38	Contract Date *	09/30/2020		
39	Period of Performance Start Date *	09/30/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	PREPARED MEALS FOR TF OAHU 1 OCT20 TO 14 OCT20		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	002 - DEF - COVID19 Response	\$00	\$72,940.00	\$00	\$51,003.00
Total		\$00	\$72,940.00	\$00	\$51,003.00

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	002 - DEF - COVID19 Response	09/30/2020	12/31/2020	\$72,940.00	Items Not Listed Above	MEALS FOR NATIONAL GUARD
Line 3	002 - DEF - COVID19 Response	09/30/2020	03/31/2021	\$-21,937.00	Items Not Listed Above	MEALS FOR NATIONAL GUARD
Total:						\$51,003.00

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			
Total:							\$00

Sub Screen: Contract: 21350005

34	Sub-Recipient Organization (Contractor)*	HAWAII CORRECTIONAL INDUSTRIES-965699994		
35	Contract Number*	21350005		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$233,367.50		
38	Contract Date *	08/14/2020		
39	Period of Performance Start Date *	08/14/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	3949 Diamond Head 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 *	96816-4413		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 *	BARRIER MASKS - 100K		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - DEF - SCRF Personal Protection Equipment	\$00	\$233,367.50	\$00	\$233,367.50
Total		\$00	\$233,367.50	\$00	\$233,367.50

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	0			\$0.00	Select	
Line 2	001 - DEF - SCRF Personal Protection Equipment	08/14/2020	03/31/2021	\$233,367.50	Personal Protective Equipment	
Line 3	0			\$0.00	Select	
Total:						\$233,367.50

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 1	0			\$00			
Total:							\$00

Sub Screen: Contract: 69119

34	Sub-Recipient Organization (Contractor)*	The Food Basket Inc. DBA Hawaii Island's Food Bank-26-034947		
35	Contract Number*	69119		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$500,000.00		
38	Contract Date *	09/24/2020		
39	Period of Performance Start Date *	09/24/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	40 Holomua 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 *	96720-5102		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 Response awarded funds to The Food Basket to reimburse approved retailers for 50% of the cost of purchases of locally produced fruits and vegetables, local ground beef and local eggs by SNAP participants up to \$50 per 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	002 - AGR - DA BUX Double Up Food Bucks COVID-19 Pandemic Response Program	\$00	\$500,000.00	\$00	\$500,000.00
Total		\$00	\$500,000.00	\$00	\$500,000.00

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	002 - AGR - DA BUX Double Up Food Bucks COVID-19 Pandemic Response Program	10/01/2020	12/30/2020	\$400,000.00	Food Programs	
Line 3	002 - AGR - DA BUX Double Up Food Bucks COVID-19 Pandemic Response Program	10/01/2020	12/30/2020	\$100,000.00	Food Programs	
Total:						\$500,000.00

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			
Total:							\$00

Sub Screen: Contract: PO F04787

34	Sub-Recipient Organization (Contractor)*	CDW GOVERNMENT LLC-026157235		
35	Contract Number*	PO F04787		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$0.00
38	Contract Date *	10/28/2020		
39	Period of Performance Start Date *	10/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	417 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 *	96813-2943		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 *	Laptops and software for Adult and Juvenile Probation Officers Primary Place of Performance: Honolulu and Statewide		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$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	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	11/20/2020	11/20/2020	\$75,587.17	Improve Telework Capabilities of Public Employees	
Line 2	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	11/20/2020	11/20/2020	\$-75,587.17	Improve Telework Capabilities of Public Employees	
Total:						\$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			
Total:							\$00

Sub Screen: Contract: PO F04962

34	Sub-Recipient Organization (Contractor)*	JUSTICE AV SOLUTIONS, INC.-154523559		
35	Contract Number*	PO F04962		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$69,521.76		
38	Contract Date *	11/02/2020		
39	Period of Performance Start Date *	11/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	417 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 *	96813-2943		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 *	Videoconferencing and video recording systems for courtrooms and related computers Place of Performance: Hawaii County		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	\$00	\$69,521.76	\$00	\$69,521.76
Total		\$00	\$69,521.76	\$00	\$69,521.76

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	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	12/28/2020	12/28/2020	\$69,521.76	Items Not Listed Above	Remote court hearings
Total:						\$69,521.76

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			
Total:							\$00

Sub Screen: Contract: PO F04960

34	Sub-Recipient Organization (Contractor)*	JUSTICE AV SOLUTIONS, INC.-154523559		
35	Contract Number*	PO F04960		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$71,225.84		
38	Contract Date *	11/02/2020		
39	Period of Performance Start Date *	11/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	417 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 *	96813-2943		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 *	Videoconferencing and video recording systems for courtrooms and related computers Place of Performance: Hawaii County		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	\$00	\$71,225.84	\$00	\$71,225.84
Total		\$00	\$71,225.84	\$00	\$71,225.84

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	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	12/28/2020	12/28/2020	\$71,225.84	Items Not Listed Above	Remote court hearings
Total:						\$71,225.84

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	0			\$00			
Total:							\$00

Sub Screen: Contract: PO F04964

34	Sub-Recipient Organization (Contractor)*	JUSTICE AV SOLUTIONS, INC.-154523559		
35	Contract Number*	PO F04964		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$70,663.11		
38	Contract Date *	11/02/2020		
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 *	417 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 *	96813-2943		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 *	Videoconferencing and video recording systems for courtrooms and related computers Place of Performance: Hawaii County		

Obligations

	51 A	51 B		51 C	51 D	51 E
	Project*	Current Quarter Obligation*		Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance		\$00	\$70,663.11	\$00	\$70,663.11
Total			\$00	\$70,663.11	\$00	\$70,663.11

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	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	12/28/2020	12/28/2020	\$70,663.11	Items Not Listed Above	Remote court hearings
Total:						\$70,663.11

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			
Total:							\$00

Sub Screen: Contract: PO F05103

34	Sub-Recipient Organization (Contractor)*	JUSTICE AV SOLUTIONS, INC.-154523559		
35	Contract Number*	PO F05103		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$59,819.39
38	Contract Date *	11/04/2020		
39	Period of Performance Start Date *	11/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	417 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 *	96813-2943		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 *	Videoconferencing and video recording systems for courtrooms and related computers Place of Performance: Hawaii County		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	\$00	\$59,819.39	\$00	\$59,819.39
Total		\$00	\$59,819.39	\$00	\$59,819.39

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	001 - JUD - Hawaii State Judiciary COVID-19 Financial Assistance	12/28/2020	12/28/2020	\$59,819.39	Items Not Listed Above	Remote court hearings
Total:						\$59,819.39

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			
Total:							\$00

Sub Screen: Contract: 100-1008

34	Sub-Recipient Organization (Contractor)*	Pacific States Marine Fisheries Commission-37077195		
35	Contract Number*	100-1008		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$780,000.00		
38	Contract Date *	10/27/2020		
39	Period of Performance Start Date *	10/27/2020		
40	Period of Performance End Date *	12/15/2020		
41	Primary Place of Performance Address Line 1 *	205 SE Spokane St		
42	Primary Place of Performance Address Line 2	Suite 100		
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portland		
45	Primary Place of Performance State Code *	OR		
46	Primary Place of Performance Zip+4 *	97202-6487		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 *	Contractor will provide grants to Hawaii's Commercial Non-longline Fishery and Charter/For-Hire Fishing vessels for their economic injury due to the COVID19 pandemic and for their trip expenses.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	005 - BED - Fishing Industry Support	\$00	\$780,000.00	\$00	\$780,000.00
Total		\$00	\$780,000.00	\$00	\$780,000.00

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	005 - BED - Fishing Industry Support	10/27/2020	12/15/2020	\$780,000.00	Small Business Assistance	
Total:						\$780,000.00

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			
Total:							\$00

Sub Screen: Contract: 100-1007

34	Sub-Recipient Organization (Contractor)*	Chamber of Commerce of Hawaii-99-003551		
35	Contract Number*	100-1007		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$17,959,175.61		
38	Contract Date *	10/27/2020		
39	Period of Performance Start Date *	10/27/2020		
40	Period of Performance End Date *	12/31/2021		
41	Primary Place of Performance Address Line 1 *	733 Bishop St		
42	Primary Place of Performance Address Line 2	Suite 1200		
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 *	96813-4022		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 assistance to Hawaii businesses that need to redesign, remodel, and change the set-up of their physical operations and adjust their operational practices, products, and services in response 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	007 - BED - Hawaii Business Pivot Grant Program	\$-424,099.35	\$17,959,175.61	\$-424,099.35	\$17,959,175.61
Total		\$-424,099.35	\$17,959,175.61	\$-424,099.35	\$17,959,175.61

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	007 - BED - Hawaii Business Pivot Grant Program	10/27/2020	12/15/2020	\$18,636,568.00	Small Business Assistance	
Line 2	007 - BED - Hawaii Business Pivot Grant Program	01/01/2021	03/31/2021	\$-253,293.04	Small Business Assistance	
Line 3	0			\$0.00	Select	
Total:						\$18,383,274.96

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	007 - BED - Hawaii Business Pivot Grant Program	06/01/2021	12/31/2021	\$-424,099.35	Small Business Assistance		
Total:							\$-424,099.35

Sub Screen: Contract: 142-1509

34	Sub-Recipient Organization (Contractor)*	HOPE Services Hawaii, Inc.-27-341298		
35	Contract Number*	142-1509		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$109,825.00		
38	Contract Date *	11/06/2020		
39	Period of Performance Start Date *	11/06/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	357 Waiianuenue Ave		
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 *	96720-2439		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 *	Telehealth services for homeless population on Hawaii island		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	009 - BED - Telehealth Services for Homeless Population on Island of Hawaii	\$00	\$109,825.00	\$00	\$109,825.00
Total		\$00	\$109,825.00	\$00	\$109,825.00

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	009 - BED - Telehealth Services for Homeless Population on Island of Hawaii	11/06/2020	12/30/2020	\$58,819.10	Items Not Listed Above	Telehealth services for homeless population
Line 2	009 - BED - Telehealth Services for Homeless Population on Island of Hawaii	02/11/2021	02/11/2021	\$51,005.90	Items Not Listed Above	Telehealth service for homeless
Total:						\$109,825.00

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			
Total:							\$00

Sub Screen: Contract: SQ 95073

34	Sub-Recipient Organization (Contractor)*	Y & S TECHNOLOGIES INC.-828859616		
35	Contract Number*	SQ 95073		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$78,976.00
38	Contract Date *	11/16/2020		
39	Period of Performance Start Date *	11/16/2020		
40	Period of Performance End Date *	11/27/2020		
41	Primary Place of Performance Address Line 1 *	200 W Kawili 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 *	96720-4075		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 *	NEC 4K UHD displays and wall mounts P.O Date is 11/30/2020		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$78,976.00	\$00	\$78,976.00
Total		\$00	\$78,976.00	\$00	\$78,976.00

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	001 - UH - UH COVID-19 Mitigation Program	11/16/2020	11/27/2020	\$78,976.00	Facilitating Distance Learning	
Total:						\$78,976.00

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			
Total:							\$00

Sub Screen: Contract: C210010

34	Sub-Recipient Organization (Contractor)*	GRAND NANILOA HOTEL-079608988		
35	Contract Number*	C210010		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$161,590.00		
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 *	200 W Kawili 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 *	96720-4075		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 *	Hotels rooms for students in quarantine Period of Performance: 8/3/2020 to 9/7/2020 Expenditure Date Range: 8/3/2020 to 9/7/2020		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$161,590.00	\$00	\$161,590.00
Total		\$00	\$161,590.00	\$00	\$161,590.00

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	001 - UH - UH COVID-19 Mitigation Program	11/30/2020	12/30/2020	\$161,590.00	Housing Support	
Total:						\$161,590.00

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			
Total:							\$00

Sub Screen: Contract: SQ 94267

34	Sub-Recipient Organization (Contractor)*	HiEd, Inc.-760385002		
35	Contract Number*	SQ 94267		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$55,022.00		
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 *	200 W Kawili St Unit Hi		
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 *	96720-4075		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 *	Polycom and camera Period of Performance: 7/14/2020 to 9/7/2020 Expenditure Date Range: 7/14/2020 to 9/7/2020		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$55,022.00	\$00	\$55,022.00
Total		\$00	\$55,022.00	\$00	\$55,022.00

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	001 - UH - UH COVID-19 Mitigation Program	11/30/2020	12/30/2020	\$55,022.00	Facilitating Distance Learning	
Total:						\$55,022.00

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			
Total:							\$00

Sub Screen: Contract: Z10227119

34	Sub-Recipient Organization (Contractor)*	Verizon-956049563		
35	Contract Number*	Z10227119		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$0.00
38	Contract Date *	06/25/2020		
39	Period of Performance Start Date *	06/25/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	91-1001 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 *	Kapolei		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96707-4507		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 *	PC Laptops and docking stations		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$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	001 - UH - UH COVID-19 Mitigation Program	06/25/2020	08/07/2020	\$86,581.64	Facilitating Distance Learning	
Line 2	001 - UH - UH COVID-19 Mitigation Program	06/25/2020	08/07/2020	\$-86,581.64	Facilitating Distance Learning	
Total:						\$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			
Total:							\$00

Sub Screen: Contract: Z10231209

34	Sub-Recipient Organization (Contractor)*	ZR SYSTEMS GROUP LLC-809511590		
35	Contract Number*	Z10231209		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$247,249.35
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 *	91-1001 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 *	Kapolei		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96707-4507		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 *	PC Laptops 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	001 - UH - UH COVID-19 Mitigation Program	\$00	\$247,249.35	\$00	\$247,249.35
Total		\$00	\$247,249.35	\$00	\$247,249.35

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	001 - UH - UH COVID-19 Mitigation Program	11/10/2020	12/30/2020	\$247,249.35	Facilitating Distance Learning	
Total:						\$247,249.35

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	0			\$00			
Total:							\$00

Sub Screen: Contract: 809511590

34	Sub-Recipient Organization (Contractor)*	ZR SYSTEMS GROUP LLC-809511590		
35	Contract Number*	809511590		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$102,903.31		
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 *	91-1001 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 *	Kapolei		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96707-4507		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 *	Computer 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	001 - UH - UH COVID-19 Mitigation Program	\$00	\$102,903.31	\$00	\$25,937.41
Total		\$00	\$102,903.31	\$00	\$25,937.41

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	001 - UH - UH COVID-19 Mitigation Program	11/10/2020	12/30/2020	\$25,937.41	Facilitating Distance Learning	
Total:						\$25,937.41

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			
Total:							\$00

Sub Screen: Contract: 026157235

34	Sub-Recipient Organization (Contractor)*	CDW GOVERNMENT LLC-026157235		
35	Contract Number*	026157235		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$151,047.07		
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 *	91-1001 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 *	Kapolei		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96707-4507		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 *	Apple Laptops 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	001 - UH - UH COVID-19 Mitigation Program	\$00	\$151,047.07	\$00	\$132,717.23
Total		\$00	\$151,047.07	\$00	\$132,717.23

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	001 - UH - UH COVID-19 Mitigation Program	11/16/2020	12/30/2020	\$132,717.23	Facilitating Distance Learning	
Total:						\$132,717.23

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			
Total:							\$00

Sub Screen: Contract: Z10228335

34	Sub-Recipient Organization (Contractor)*	ZR SYSTEMS GROUP LLC-809511590		
35	Contract Number*	Z10228335		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$68,327.51
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 *	1175 Manono 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 *	96720-5096		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 *	80 Dell Latitude 3510 Expenditure Date Range: 7/1/2020 to 11/30/2020		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$68,327.51	\$00	\$68,327.51
Total		\$00	\$68,327.51	\$00	\$68,327.51

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	001 - UH - UH COVID-19 Mitigation Program	07/31/2020	11/30/2020	\$68,327.51	Facilitating Distance Learning	
Total:						\$68,327.51

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			
Total:							\$00

Sub Screen: Contract: Z10230692

34	Sub-Recipient Organization (Contractor)*	Conferencing Advisors-M6H6G		
35	Contract Number*	Z10230692		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$59,232.77
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 *	1175 Manono 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 *	96720-5096		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 *			
50	Contract Description *	(10)Poly Studio,(42) AVER Cam, SIIG Meter (20)10, (60)15, (10) 20 meter		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$59,232.77	\$00	\$59,232.77
Total		\$00	\$59,232.77	\$00	\$59,232.77

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	001 - UH - UH COVID-19 Mitigation Program	11/01/2020	12/30/2020	\$59,232.77	Facilitating Distance Learning	
Total:						\$59,232.77

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	0			\$00			
Total:							\$00

Sub Screen: Contract: Z10230435

34	Sub-Recipient Organization (Contractor)*	Sufia Munir Inc. dba Clary Business Machines-M1712		
35	Contract Number*	Z10230435		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$73,472.00
38	Contract Date *	10/07/2020		
39	Period of Performance Start Date *	10/07/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1175 Manono 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 *	96720-5096		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 *			
50	Contract Description *	48 Elmos		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$73,472.00	\$00	\$73,472.00
Total		\$00	\$73,472.00	\$00	\$73,472.00

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	001 - UH - UH COVID-19 Mitigation Program	11/01/2020	12/30/2020	\$73,472.00	Facilitating Distance Learning	
Total:						\$73,472.00

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			
Total:							\$00

Sub Screen: Contract: Z10231280

34	Sub-Recipient Organization (Contractor)*	CDW GOVERNMENT LLC-026157235		
35	Contract Number*	Z10231280		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$51,895.27
38	Contract Date *	11/02/2020		
39	Period of Performance Start Date *	11/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1175 Manono 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 *	96720-5096		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 *			
50	Contract Description *	Apple Macbook Pros, AppleCare+		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$51,895.27	\$00	\$51,895.27
Total		\$00	\$51,895.27	\$00	\$51,895.27

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	001 - UH - UH COVID-19 Mitigation Program	11/02/2020	12/30/2020	\$51,895.27	Facilitating Distance Learning	
Total:						\$51,895.27

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			
Total:							\$00

Sub Screen: Contract: Z10231712

34	Sub-Recipient Organization (Contractor)*	Dell Marketing, L.P.-74-261680		
35	Contract Number*	Z10231712		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$63,771.41
38	Contract Date *	11/17/2020		
39	Period of Performance Start Date *	11/17/2020		
40	Period of Performance End Date *	01/31/2021		
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 *	2 PowerEdge R740 Servers and 2 PowerSwitch S4128		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$63,771.41	\$00	\$63,771.41
Total		\$00	\$63,771.41	\$00	\$63,771.41

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	11/17/2020	12/30/2020	\$0.00	Facilitating Distance Learning	
Line 2	001 - UH - UH COVID-19 Mitigation Program	01/08/2021	01/08/2021	\$63,771.41	Facilitating Distance Learning	
Total:						\$63,771.41

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			
Total:							\$00

Sub Screen: Contract: Z10231384

34	Sub-Recipient Organization (Contractor)*	Zones LLC-M6ETB		
35	Contract Number*	Z10231384		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$74,083.32		
38	Contract Date *	11/17/2020		
39	Period of Performance Start Date *	11/17/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3-1901 Kaunualii Hwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lihue		
45	Primary Place of Performance State Code *	HI		
46	Primary Place of Performance Zip+4 *	96766-9500		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 *	(60) Laptops		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	001 - UH - UH COVID-19 Mitigation Program	\$00	\$74,083.32	\$00	\$74,083.32
Total		\$00	\$74,083.32	\$00	\$74,083.32

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	001 - UH - UH COVID-19 Mitigation Program	11/17/2020	12/14/2020	\$74,083.32	Facilitating Distance Learning	
Total:						\$74,083.32

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			
Total:							\$00