



POLICE DEPARTMENT

COUNTY OF MAUI



MICHAEL P. VICTORINO
MAYOR
M/M/1U
OUR REFERENCE
YOUR REFERENCE

55 MAHALANI STREET
WAILUKU, HAWAII 96793
(808) 244-6400
FAX (808) 244-6411

TIVOLI S. FAAUMU
CHIEF OF POLICE

DEAN M. RICKARD
DEPUTY CHIEF OF POLICE

July 3, 2019

Ms. Michele Yoshimura
Budget Director, County of Maui
200 South High Street
Wailuku, Hawaii 96793

Honorable Michael P. Victorino
Mayor, County of Maui
200 South High Street
Wailuku, Hawaii 96793

For transmittal to:

Honorable Kelly King, Chair
and Members of the Maui County Council
200 South High Street
Wailuku, Hawaii 96793

Dear Chair King and Members:

SUBJECT: OFFICE OF YOUTH SERVICES GRANT

In accordance with Ordinance No. 4988, Bill 36 (2019) Draft 1 Fiscal Year 2020 Budget, we are hereby transmitting to you a copy of the grant agreement with the Office of Youth Services for the KALO Program for the period of July 1, 2019 to June 30, 2020 in the amount of \$89,000.00.

Thank you for your attention to this matter. If you have any questions, please feel free to contact our accountant, Lesley Ann Uemae, at ext. 6309.

Sincerely,

TIVOLI S. FAAUMU
Chief of Police

RECEIVED
2019 JUL -8 AM 10:39
OFFICE OF THE
COUNTY CLERK

APPROVED FOR TRANSMITTAL

Mayor Date 7/5/19



STATE OF HAWAI'I
SUPPLEMENTAL CONTRACT NO. 1
TO CONTRACT DHS-19-OYS-930

(Insert contract number or other identifying information)

This Supplemental Contract No. 1, executed on the respective
dates indicated below, is effective as of July 1, 20 19 between the
Department of Human Services, Office of Youth Services
(Name of the state department, agency board or commission)

State of Hawai'i ("STATE"), by its Executive Director
(Title of person signing for the STATE)

whose address is: 1010 Richards Street, Room 314, Honolulu, Hawaii 96813-2940

and County of Maui, Maui Police Department
(Name of PROVIDER)

("PROVIDER"), a Government Entity
(Legal form of PROVIDER i.e., Corporation, Limited Liability Company, etc.)

under the laws of the State of Hawaii whose business street address and taxpayer
identification numbers are as follows:

Business street address:

55 Mahalani Street

Wailuku, Hawaii 96793

Mailing address if different than business street address:

Federal employer identification number: 99-6000618

Hawai'i general excise tax number: N/A

I certify that this is a complete,
true, and accurate copy of the
original on file in our office.

Bruce Senter
Office of Youth Services

RECITALS

A. WHEREAS, the STATE and the PROVIDER entered into a Contract
DHS-19-OYS-930

(Insert contract number or other identifying information)

effective July 1, 20 18[✓], which was amended by Supplemental Contract No(s). N/A
effective _____, 20 _____, which was amended by Supplemental Contract No(s). _____
effective _____, 20 _____, which was amended by Supplemental Contract No(s). _____
effective _____, 20 _____ (hereinafter collectively referred to as "Contract") whereby
the PROVIDER agreed to provide the goods or services, or both, described in the Contract; and

B. WHEREAS, the parties now desire to amend the Contract,
NOW, THEREFORE, the STATE, and the PROVIDER mutually agree to amend the
Contract as follows:

(Check applicable box(es))

- Amend the SCOPE OF SERVICES according to the terms set forth in Attachment S1, which is attached hereto and incorporated herein.
- Amend the TIME OF PERFORMANCE according to the terms set forth in Attachment S2, which is attached hereto and incorporated herein.
- Amend the COMPENSATION AND PAYMENT SCHEDULE according to the terms set forth in Attachment S3, which is attached hereto and incorporated herein.
- Amend the SPECIAL CONDITIONS according to the terms set forth in the Supplemental Special Conditions, which is attached hereto and incorporated herein.
- Recognize the PROVIDER's change of name

FROM: _____

TO: _____

as set forth in the documents attached hereto as Exhibit _____, and incorporated herein.

A tax clearance certificate from the State of Hawaii is is not required to be submitted to the STATE prior to commencing any performance under this Supplemental Contract.

A tax clearance certificate from the Internal Revenue Service is is not required to be submitted to the STATE prior to commencing any performance under this Supplemental Contract.

The entire Contract as amended herein shall remain in full force and effect.

In view of the above, the parties execute this supplemental agreement by their signatures below.

STATE

By Merton Chinen
(Signature)

Print Name Merton Chinen

Print Title Executive Director

Date 6/7/19

FUNDING AGENCY (to be signed by head of funding agency if other than the Contracting Agency)

By _____
(Signature)

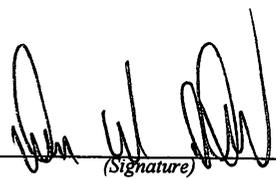
Print Name _____

Print Title _____

Date _____

CONTRACT NO. DHS-19-OYS-930

CORPORATE SEAL
(if available)

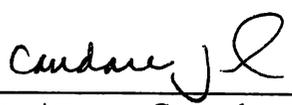
PROVIDER
By 
(Signature)

Print Name DEAN M. ZILBER

Print Title DEPUTY CHIEF

Date 6/1/19

APPROVED AS TO FORM:


Deputy Attorney General

PROVIDER'S ACKNOWLEDGMENT

STATE OF _____)
) SS.
_____ COUNTY OF _____)

On this _____ day of _____, 20____, before
me appeared _____

and _____, to me known, to be the
person(s) described in and, who, being by me duly sworn, did say that he/she/they is/are the
_____ and _____
of _____,

the PROVIDER named in the foregoing instrument, and that he/she/they is/are authorized to sign said
instrument on behalf of the PROVIDER, and acknowledges that he/she/they executed said instrument
as the free act and deed of the PROVIDER.

(Notary Seal)

By _____ (Signature)

Print Name _____

Date _____

Notary Public, State of _____

My commission expires: _____

Doc. Date: _____ # Pages: _____

Notary Name: _____ Circuit _____

Doc. Description: _____

(Notary Stamp or Seal)

Notary Signature _____ Date _____

NOTARY CERTIFICATION

**PROVIDER'S
STANDARDS OF CONDUCT DECLARATION**

For the purposes of this declaration:

“Agency” means and includes the State, the legislature and its committees, all executive departments, boards, commissions, committees, bureaus, offices; and all independent commissions and other establishments of the state government but excluding the courts.

“Controlling interest” means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty per cent (50%).

“Employee” means any nominated, appointed, or elected officer or employee of the State, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges. (Section 84-3, HRS).

On behalf of:

County of Maui, Maui Police Department

(Name of PROVIDER)

PROVIDER, the undersigned does declare as follows:

1. PROVIDER is* is not a legislator or an employee or a business in which a legislator or an employee has a controlling interest. (Section 84-15(a), HRS).
2. PROVIDER has not been represented or assisted personally in the matter by an individual who has been an employee of the agency awarding this Contract within the preceding two years and who participated while so employed in the matter with which the Contract is directly concerned. (Section 84-15(b), HRS).
3. PROVIDER has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Contract and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of this Contract, if the legislator or employee had been involved in the development or award of the Contract. (Section 84-14 (d), HRS).
4. PROVIDER has not been represented on matters related to this Contract, for a fee or other consideration by an individual who, within the past twelve (12) months, has been an agency employee, or in the case of the Legislature, a legislator, and participated while an employee or legislator on matters related to this Contract. (Sections 84-18(b) and (c), HRS).

PROVIDER understands that the Contract to which this document is attached is voidable on behalf of the STATE if this Contract was entered into in violation of any provision of chapter 84, Hawai'i Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the

* Reminder to agency: If the “is” block is checked and if the Contract involves goods or services of a value in excess of \$10,000, the Contract may not be awarded unless the agency posts a notice of its intent to award it and files a copy of the notice with the State Ethics Commission. (Section 84-15(a), HRS).

declarations above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the STATE.

PROVIDER

By _____
(Signature)

Print Name _____

Print Title _____

Date _____

THIS FORM IS DELETED AND INOPERATIVE



STATE OF HAWAII

TIME OF PERFORMANCE ✓

1. The PROVIDER shall provide the services outlined in Attachment 1, Scope of Services for this Supplemental Contract No. 1 from July 1, 2019 to June 30, 2020, unless this Contract is sooner terminated. ✓
2. The STATE, at its option, may extend this Contract in writing for three (3) more 12-month period(s) pending the appropriation and availability of funds for each and every fiscal year and the satisfactory performance of the services as determined by the STATE, or unless this Contract is sooner terminated. ✓



**STATE OF HAWAII
COMPENSATION AND PAYMENT SCHEDULE ✓**

Item 1 of Attachment 3, Compensation and Payment Schedule is amended as follows:

1. **SUM TO BE PAID.** In full consideration for the services satisfactorily performed by the PROVIDER under this Supplemental Contract No. 1, the STATE agrees to pay the PROVIDER a sum of money not to exceed **EIGHTY-NINE THOUSAND AND NO/100 DOLLARS** ✓ **(\$89,000.00)** for the supplemental Contract period, subject to the appropriation and availability of funds for each and every fiscal year. The source of funds shall be specified in the Fiscal and Budget Information, attached hereto as Exhibit B and incorporated by reference.

All other terms and conditions of Attachment 3, Compensation and Payment Schedule shall remain unchanged and in effect.



STATE OF HAWAII

SUPPLEMENTAL SPECIAL CONDITIONS

Item 9(d) of the Special Conditions is amended to the following:

Shall submit a quarterly Language Access Reporting Tool (LART), Form OYS-051 Ver. 2/12/19, provided by the STATE that shall include at a minimum:

- i. Total number of individuals that were required language assistance services;
- ii. Oral language service utilized (if applicable);
- iii. Translated documents service utilized (if applicable);
- iv. Total number of translators utilized;
- v. Total interpretation and translation costs

Item 10 has been included to the Special Conditions:

Civil Rights Awareness. The PROVIDER shall complete a civil rights awareness training designated for providers, contractors and vendors from the Department of Human Services. PROVIDERS shall complete training and submit completion certificates in accordance to deadlines and instructions set forth by the department's Civil Rights Corner, including maintaining certificate of completion in the employee's personnel file for 3 years from training completion date. The STATE shall instruct providers, contractors and vendors to complete when the annual trainings become available and provide instructions for completion.

All other terms of the Special Conditions remain unchanged and in effect.

FISCAL AND BUDGET INFORMATION

SOURCE OF FUNDS		Original Contract	Supplemental No. 1			
		Budget Period 1	Budget Period 2			Total
Time of Performance	From:	7/1/2018	7/1/2019			
	To:	6/30/2019	6/30/2020			
State General Funds		\$89,000.00	\$89,000.00			\$178,000.00
Total State General Funds		\$89,000.00	\$89,000.00			\$178,000.00

Federal Funds	CFDA					
DHHS, Social Services Block Grant, Title XX	93.667					\$0.00
DOJ, OJJDP, Title II Formula Grant	16.540					\$0.00
Total Federal Funds		\$0.00	\$0.00			\$0.00

Grand Total		\$89,000.00	\$89,000.00			\$178,000.00
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