

DEPARTMENT OF
HOUSING AND HUMAN CONCERNS
COUNTY OF MAUI

ALAN M. ARAKAWA
Mayor

WILLIAM R. SPENCE
Acting Director

JAN SHISHIDO
Deputy Director

200 SOUTH HIGH STREET • WAILUKU, HAWAII 96793 • PHONE (808) 270-7805 • FAX 270-7165 • EMAIL director.hhc@mauicounty.gov

July 26, 2018

Mr. Sananda Baz *SB*
Budget Director, County of Maui
200 South High Street
Wailuku, Hawaii 96793

Honorable Alan M. Arakawa
Mayor, County of Maui
200 South High Street
Wailuku, Hawaii 96793

For Transmittal to:

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

Dear Chair White and Members:

SUBJECT: GRANT REVENUE – DEPARTMENT OF HOUSING AND HUMAN CONCERNS – HUMAN CONCERNS PROGRAM – KUPUNA CAREGIVERS PROGRAM

In accordance with Ordinance No. 4861, Bill 57 (2018) Fiscal Year 2019 Budget, we are hereby transmitting to you a copy of Contract Log No. MA2018A11, Modification Order No. 2, from the State of Hawaii, Executive Office on Aging, in the amount of \$167,796 for the period of December 31, 2017 to June 30, 2019 for the Kupuna Caregivers Program.

Thank you for your attention to this matter. Should you have any questions, please feel free to contact me at Ext. 7805.

Sincerely,

WILLIAM R. SPENCE
Acting Director of Housing and Human Concerns

Attachment

xc: Mark R. Walker, Director of Finance
Accounts Division, Dept. of Finance

APPROVED FOR TRANSMITTAL
Alan M. Arakawa 8/1/18
Mayor

RECEIVED
2018 AUG -2 AM 9:35
OFFICE OF THE
COUNTY CLERK

COUNTY COMMUNICATION NO. 18-290

CONTRACT MODIFICATION FORM

STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING

CONTRACT LOG NO. MA2018A11

MODIFICATION ORDER NO. 2

Contractor/Provider County of Maui

Contract Title Kupuna Caregivers Program

A. MODIFICATIONS

The following modifications are to be performed in accordance with all contract stipulations (specifications, delivery point, rate of delivery, period of performance, price, quantity, or other provisions by mutual action of the parties to the contract).

Attachment 2 is hereby deleted and replaced with Modification Order #2, Attachment 2 Revised attached.

The Budget Exhibit "D" is hereby deleted and replaced with Modification Order #2, Revised Exhibit "D" attached.

B. CONTRACTOR/PROVIDER'S QUOTATION

The modifications described in A, above, will be performed at a contract price increase decrease of \$ 167,796.00. The

Contractor/Provider will not undertake to perform the changes in A, above, until this modification order has been approved and issued.



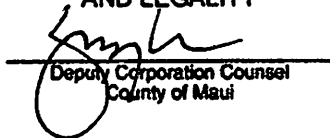
Contractor/Provider's Signature

C. STATEMENT OF CONTRACT FUNDS


Original Contract Price	\$	<u>83,898.00</u>
Previous Adjusted Contract Price	\$	<u>N/A</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$	<u>167,796.00</u>
New Adjusted Contract Price	\$	<u>251,694.00</u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVED AS TO FORM
AND LEGALITY


Deputy Corporation Counsel
County of Maui

APPROVAL RECOMMENDED:


WILLIAM R. SPENCE
Acting Director of Housing and Human Concerns
Director of Executive
Office on Aging

JUL 26 2018

Date

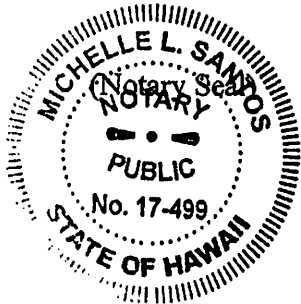
PROVIDER'S ACKNOWLEDGMENT

STATE OF HAWAII)
) SS.
COUNTY OF MAUI)

On this 16th day of July, 2018, before me appeared ALAN ARAKAWA

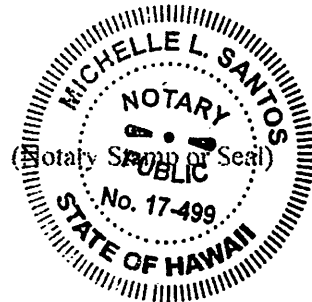
and _____, to me known, to be the person(s) described in and, who, being by me duly sworn, did say that he/she/they is/are the MAYOR and _____ of COUNTY OF MAUI,

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.



By Michelle R. Santos (Signature)
Print Name MICHELLE L. SANTOS
Date 7-16-18
Notary Public, State of HAWAII
My commission expires: 12-3-21

Doc. Date: Undated # Pages: 4
Notary Name: MICHELLE L. SANTOS 2nd Circuit
Doc. Description: Contract Modification Form-Kupuna Caregivers Program



Michelle R. Santos 7-16-18
Notary Signature Date

NOTARY CERTIFICATION

TIME OF PERFORMANCE

Time of Performance. The PROVIDER shall provide the services required under this Contract from December 31, 2017 to and including June 30, 2019 unless this Contract is sooner terminated as hereinafter provided.

This Contract may be extended as provided in paragraph 6 of the Special Conditions.

BUDGET

Maui County Office on Aging

December 31, 2017 - June 30, 2019

MA2018A11

FUNDS	SFY 2018	SFY 2019	TOTAL
Kupuna Caregiver			
G-18-356	\$83,898.00		\$83,898.00
G-19-121		\$167,796.00	\$167,796.00
TOTAL	\$ 83,898.00	\$ 167,796.00	\$ 251,694.00