MICHAEL P. VICTORINO
Mayor

SCOTT K. TERUYA Director

MAY-ANNE A. ALIBIN
Deputy Director



#### DEPARTMENT OF FINANCE COUNTY OF MAUI

200 S. HIGH STREET WAILUKU, MAUI, HAWAII 96793

www.mauicounty.gov

November 2, 2022

APPROVED FOR TRANSMITTAL

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

Method P. Vit 11/3/22

For Transmittal to:

Honorable Keani N.W. Rawlins-Fernandez, Chair Budget, Finance, and Economic Development Committee 200 South High Street Wailuku, Hawaii 96793

Dear Chair Rawlins-Fernandez:

SUBJECT: LEGISLATION AND DISCUSSION ON THE EFFECT OF THE CORONAVIRUS PANDEMIC, RULES, CARES ACT, AND RELATED ISSUES (BFED-85)

I am transmitting a copy of the report that was submitted on October 31, 2022, electronically through the United States Department of the Treasury's (herein referred as "U.S. Treasury") Portal. This submission is pursuant to 31 CFR Part 35, Coronavirus State and Local Fiscal Recovery Funds (SLFRF) Interim Final Rule's reporting requirements.

The County of Maui is deemed as a Tier 2 recipient for reporting purposes. As Tier 2 recipient, a metropolitan city or county with a population less than 250,000 residents but received more than \$10 million, the County is required to submit a quarterly Project and Expenditure Report to U.S. Treasury within 30 calendar days after the end of each quarter. The attached quarterly Project and Expenditure Report for the County of Maui covers the period from July 1, 2022 to September 30, 2022.

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Honorable Keani N.W. Rawlins-Fernandez, Chair Budget, Finance, and Economic Development Committee November 2, 2022 Page 2

Should you have any questions or require further assistance, please feel free to contact me at extension no. 7474 or Deputy Director May-Anne Alibin at extension no. 7475.

Sincerely,

M. Whir SCOTT K. TERUYA Director of Finance

SKT:maa

cc: Sandy Baz, Managing Director Michele Yoshimura, Budget Director

Attachment

## SLFRF Compliance Report - SLT-1991-P&E Report-Q3 2022 Report Period : Quarter 3 2022 (July-September)

## **Recipient Profile**

### **Recipient Information**

Recipient UEI	VJLZC958JLH6
Recipient TIN	996000618
Recipient Legal Entity Name	Maui County, Hawaii
Recipient Type	Metro City or County
FAIN	
CFDA No./Assistance Listing	
Recipient Address	200 SOUTH HIGH STREET
Recipient Address 2	
Recipient Address 3	
Recipient City	WAILUKU
Recipient State/Territory	н
Recipient Zip5	96793
Recipient Zip+4	
Recipient Reporting Tier	Tier 2. Metropolitan cities and counties with a population below 250,000 residents which received more than \$10 million in SLFRF funding
Base Year Fiscal Year End Date	6/30/2023
Discrepancies Explanation	
Is the Recipient Registered in SAM.Gov?	Yes

# **Project Overview**

Does your jurisdiction have projects to report as of this reporting period?  My jurisdiction has projects to report	
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## Project Name: COVID-19 Community Based Testing Program

	1 D A#
Project Identification Number	AR-07
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.2-COVID-19 Testing
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$5,181,561.34
Total Cumulative Expenditures	\$208,467.42
Current Period Obligations	\$5,181,561.34
Current Period Expenditures	\$208,467.42
Project Description	Service Provider will provide comprehensive COVID-19 PCR testing services including but not limited to: patient scheduling, specimen collection and processing, electronic test resulting and phone interactions, state testing reporting and laboratory maintenance. In addition to comprehensive testing services, the program will also offer test-to-treat services. This includes screening those who test positive are offered the oral COVID-19 treatment Paxlovid. This requires patient screening to confirm eligibility and safety. Once a patient qualifies, the medication is dispensed here on site. This model is similar to a one-stop shop and provide ease of access to the community at large.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	1 Imp General Public
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	Service Provider will provide comprehensive COVID-19 PCR testing services at various locations on Maui using a Drive-thru model. In addition to comprehensive testing services, the program will also offer test-to-treat services.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	Testing is provided to all persons in need of this service.

## Project Name: Grants Management Software

Project Identification Number	AR-06	
Project Expenditure Category	7-Administrative	
Project Expenditure Subcategory	7.1-Administrative Expenses	
Status To Completion	Completed less than 50%	
Total Cumulative Obligations	\$207,414.82	
Total Cumulative Expenditures	\$73,590.84	
Current Period Obligations	\$0.00	
Current Period Expenditures	\$0.00	

Project Description	Amplifund is a grants management software selected by the County of Maui to administer the ARPA CSFLRF due to limited administrative resources. AmpliFund provides the County the tools needed to properly distribute the grant and oversee recipient performance and compliance to the Uniform Guidance and U.S. Treasury's reporting requirements.
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### Project Name: Operating Expenses for ARPA Grants Management

Project Identification Number	AR-05
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$5,717.78
Total Cumulative Expenditures	\$1,573.74
Current Period Obligations	\$0.00
Current Period Expenditures	\$760.31
Project Description	Office supplies, equipment and other operating expenses for the administration of ARPA funds; cumulative obligations currently reflect actual expenditures for fiscal year 2022 and budget estimates for fiscal year 2023.

### Project Name: Administrative Costs for Grants Coordinator

Project Identification Number	AR-04
Project Expenditure Category	7-Administrative
Project Expenditure Subcategory	7.1-Administrative Expenses
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$806,145.89
Total Cumulative Expenditures	\$68,485.15
Current Period Obligations	\$0.00
Current Period Expenditures	\$47,083.06
Project Description	To cover salaries and fringe benefits for the Grants Coordinator as authorized by Ordinance No. 5265 for 1.0 limited term appointment equivalent personnel.

#### Project Name: Healthcare Workforce Development

Project Identification Number	AR-02
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.10-Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)
Status To Completion	Completed less than 50%
Total Cumulative Obligations	\$2,500,000.00
Total Cumulative Expenditures	\$315,500.00

Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Maui is at a pivotal moment with the highest cost of living in the nation and a rapidly growing aging population growing at a rate never before seen on Maui. There is a profound shortage of key healthcare professionals to address the growing needs of this population due to a lack of necessary training to enter these career pathways. The goal is to build career development opportunities and grow the healthcare and social services workforce to meet our aging population and other community health needs. The focus will be on a pilot program to develop and train Community Health Workers (CHW) to support the transitions in care for patients. Most Americans view nursing home living with dread, preferring to spend their later years at home. CHWs are a cost-effective way to prevent the need for acute care by identifying problems, providing early intervention and acting as social service navigators ultimately decreasing the overall cost in care for high-risk patients. In addition we will build a specialized training program that offers career growth in the skilled nursing and home and community-based services sectors. Many of these specialized trainings that ensure optimal quality of care and career growth are not available on Maui.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	13 Imp Industry outside the travel tourism or hospitality sectors specify
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The goal is to build career development opportunities and grow the healthcare and social services workforce to meet our aging population and other community health needs by providing training opportunities.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	The focus will be on a pilot program to develop and train Community Health Workers (CHW) to support the transitions in care for patients. In addition we will build a specialized training program that offers career growth in the skilled nursing and home and community-based services sectors. Many of these specialized trainings that ensure optimal quality of care and career growth are not available on Maui.

## Project Name: COVID-19 Testing Kits for Food & Beverage Establishments

Project Identification Number	AR-03
Project Expenditure Category	1-Public Health
Project Expenditure Subcategory	1.2-COVID-19 Testing
Status To Completion	Completed
Total Cumulative Obligations	\$23,396.00
Total Cumulative Expenditures	\$23,396.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
	The subrecipient utilized its PPE contacts to aid the Maui Restaurant Community and its Food and Beverage (F&B) employees by securing COVID-19 Test Kits. These test kits

Project Description	allowed the F&B workers to quickly determine if it was safe for them to work or return to work. Funding will be used for the testing kits that were purchased.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	9 Imp Classes of SBs designated as negatively economically impacted
Secondary Impacted and/or Disproportionately Impacted populations	9 Imp Classes of SBs designated as negatively economically impacted
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	COVID-19 Test Kits were needed to aid the Maui Restaurant Community and its food and beverage (F&B) employees by quickly determining if it was safe for them to work/return to work. Without the testing results many restaurants could not safely reopen with assurance.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	The subrecipient utilized its PPE contacts to aid the Maui Restaurant Community and its food and beverage (F&B) employees by securing COVID-19 Test Kits. These test kits allowed the F&B workers to quickly determine if it was safe for them to work or return to work. Without the testing results many restaurants could not safely reopen.

## Project Name: Maui County Small Business Grant

Project Identification Number	AR-01
Project Expenditure Category	2-Negative Economic Impacts
Project Expenditure Subcategory	2.29-Loans or Grants to Mitigate Financial Hardship
Status To Completion	Completed
Total Cumulative Obligations	\$3,000,000.00
Total Cumulative Expenditures	\$2,850,000.00
Current Period Obligations	\$0.00
Current Period Expenditures	\$0.00
Project Description	Provide \$5,000 grant to qualified restaurants, bars, and gyms in Maui County, who were deemed most impacted by the COVID-19 pandemic.
What Impacted and/or Disproportionally Impacted population does this project primarily serve?	8 Imp SBs that experienced a negative economic impact
Secondary Impacted and/or Disproportionately Impacted populations	9 Imp Classes of SBs designated as negatively economically impacted
Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced	The objective of this program is to help small businesses in Maui County, who experienced negative economic impact due to the Covid-19 pandemic by providing financial support.
Brief description of recipient's approach to ensuring that response is reasonable and proportional to a public health or negative economic impact of Covid-19	All qualified restaurants, bars, and gyms in Maui County may apply online and submit the required documentation. An email notification will be sent if additional documentation is required. With 48 hours from the application date, the applicant will receive a notification as to whether they have been approved or denied.
Number of small businesses served (by program if recipient establishes multiple separate small businesses assistance programs)	565

# **Subrecipients**

### Subrecipient Name: Maui County Federal Credit Union

TIN	990073467
Unique Entity Identifer	
POC Email Address	
Address Line 1	1888 Wili Pa Loop
Address Line 2	
Address Line 3	
City	Wailuku
State	ні
Zip	96793
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

#### Subrecipient Name: Maui Pharmacy Solutions LLC

TIN	831520077
Unique Entity Identifer	
POC Email Address	corylehano@mauliolapharmacy.com
Address Line 1	95 Mahalani St. Rm 10
Address Line 2	
Address Line 3	
City	Wailuku
State	н
Zip	96793
Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

### Subrecipient Name: Hale Makua Health Services

TIN	990080460
Unique Entity Identifer	
POC Email Address	
Address Line 1	472 Kaulana Street

Address Line 2	
Address Line 3	
City	Kahului
State	н
Zip	96732
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	Yes

## Subrecipient Name: Aumakua Holdings Inc.

TIN	205279094
Unique Entity Identifer	
POC Email Address	
Address Line 1	605 Lipoa Parkway
Address Line 2	
Address Line 3	
City	Kihei
State	н
Zip	96753
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes
In the preceding fiscal year, did recipient receive 80% or more of its annual gross revenue from federal funds?	No
In the preceding fiscal year, did recipient receive \$25 million or more of its annual gross revenue from federal funds?	No

## Subrecipient Name: Insight Public Sector, Inc.

TIN	363949000	
Unique Entity Identifer		
POC Email Address	erica.falchetti@insight.com	
Address Line 1	2701 E. Insight Way	
Address Line 2		
Address Line 3		
City	Chandler	
State	AZ .	
Zip	85286	

Zip+4	
Entity Type	Contractor
Is the Recipient Registered in SAM.Gov?	Yes

## Subrecipient Name: County of Maui

TIN	996000618
Unique Entity Identifer	VJLZC958JLH6
POC Email Address	
Address Line 1	200 South High Street
Address Line 2	
Address Line 3	
City	Wailuku
State	н
Zip	96793
Zip+4	
Entity Type	Subrecipient
Is the Recipient Registered in SAM.Gov?	Yes

## **Subawards**

#### Subward No: G5579

Subaward Type	Subaward
Subaward Obligation	\$2,500,000.00
Subaward Date	5/31/2022
Place of Performance Address 1	472 Kaulana Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Kahului
Place of Performance State	н
Place of Performance Zip	96732
Place of Performance Zip+4	
Description	The goal of this program is to build career development opportunities and grow the healthcare and social services workforce to meet the aging population and other community health needs. The focus will be on a pilot program to develop and train Community Health Workers (CHW) to support the transitions in care for patients. Subrecipient will build a specialized training program that offers career growth in the skilled nursing and home and community-based services sectors.
Subrecipient	Hale Makua Health Services
Period of Performance Start	6/1/2022
Period of Performance End	5/31/2024

#### Subward No: 126960-5101/6275

Subaward Type	Direct Payment
Subaward Obligation	\$806,145.89
Subaward Date	5/15/2022
Place of Performance Address 1	200 South High Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wailuku
Place of Performance State	н
Place of Performance Zip	96793
Place of Performance Zip+4	
Description	Cover salaries and fringe benefits for the Grants Coordinator as authorized by Ordinance No. 5265 for 1.0 limited term appointment equivalent personnel. This position is responsible for the administration of ARPA Funds.
Subrecipient	County of Maui

Period of Performance Start	5/15/2022
Period of Performance End	1/31/2027

#### **Subward No: 411694**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$207,414.82
Subaward Date	7/1/2021
Place of Performance Address 1	200 South High Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wailuku
Place of Performance State	н
Place of Performance Zip	96793
Place of Performance Zip+4	
Description	Amplifund is a grants management software selected by the County to administer the ARPA CSFLRF due to limited administrative resources. AmpliFund provides the County the tools needed to properly distribute the grant and oversee recipient performance and compliance to the Uniform Guidance and U.S. Treasury's reporting requirements. The performance end date is 6/30/27, which is beyond 12/31/2026 to allow the County to close out the books for fiscal year 2027 and ensure compliance with Uniform Guidance and U.S. Treasury's Final Rule.
Subrecipient	Insight Public Sector, Inc.
Period of Performance Start	7/1/2021
Period of Performance End	6/30/2027

#### Subward No: G5472

Subaward Type	Grant: Lump Sum Payment(s)
Subaward Obligation	\$3,000,000.00
Subaward Date	9/30/2021
Place of Performance Address 1	1888 Wili Pa Loop
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wailuku
Place of Performance State	НІ
Place of Performance Zip	96793
Place of Performance Zip+4	
	This program provides a \$5,000 grant to qualified restaurants, bars and gym in Maui County, who were deemed most impacted by COVID-19 pandemic. The program is targeted for businesses rather than individuals. This program will be administered in collaboration of six credit unions in Maui County. To qualify for

Description	this grant, businesses must have a commercial establishment, registered and active of doing business in Hawaii, have \$2M or less in gross revenue in 2020, saw a 25% decline in gross revenue from 2019 to 2020, and must meet other qualifying requirements. Further information about this program can be found at <a href="https://www.mauinuistrong.info/maui-county-small-business-grant">https://www.mauinuistrong.info/maui-county-small-business-grant</a> .
Subrecipient	Maui County Federal Credit Union
Period of Performance Start	10/5/2021
Period of Performance End	8/22/2022

#### **Subward No: 423610**

Subaward Type	Contract: Purchase Order
Subaward Obligation	\$181,561.34
Subaward Date	8/3/2022
Place of Performance Address 1	95 Mahalani Street
Place of Performance Address 2	
Place of Performance Address 3	
Place of Performance City	Wailuku
Place of Performance State	HI
Place of Performance Zip	96793
Place of Performance Zip+4	
Description	Provide a comprehensive COVID-19 PCR testing services including but not limited to: patient scheduling, specimen collection and processing, electronic test resulting and phone interactions, state testing reporting and laboratory maintenance. In addition to comprehensive testing services, the program will also offer test-to-treat services. This includes screening those who test positive are offered the oral COVID-19 treatment Paxlovid. This requires patient screening to confirm eligibility and safety. Once a patient qualifies, the medication is dispensed here on site. This model is similar to a one-stop shop and provide ease of access to the community at large.
Subrecipient	Maui Pharmacy Solutions LLC
Period of Performance Start	8/6/2022
Period of Performance End	9/30/2022

#### Subward No: C7719

Subaward Type	Contract: Definitive Contract	
Subaward Obligation	\$5,000,000.00	
Subaward Date	8/31/2022	
Place of Performance Address 1	95 Mahalani Street	
Place of Performance Address 2		
Place of Performance Address 3		

Place of Performance City	Wailuku
Place of Performance State	ні
Place of Performance Zip	96793
Place of Performance Zip+4	
Description	To provide a comprehensive COVID-19 PCR testing services including but not limited to: patient scheduling, specimen collection and processing, electronic test resulting and phone interactions, state testing reporting and laboratory maintenance. In addition to comprehensive testing services, the program will also offer test-to-treat services. This includes screening those who test positive are offered the oral COVID-19 treatment Paxlovid. This requires patient screening to confirm eligibility and safety. Once a patient qualifies, the medication is dispensed here on site. This model is similar to a one-stop shop and provide ease of access to the community at large.
Subrecipient	Maui Pharmacy Solutions LLC
Period of Performance Start	9/7/2022
Period of Performance End	6/30/2023

# **Expenditures**

## Expenditures for Awards more than \$50,000

Expenditure: EN-00436003

Project Name	Healthcare Workforce Development
Subaward ID	SUB-0336534
Subaward No	G5579
Subaward Amount	\$2,500,000.00
Subaward Type	Subaward
Subrecipient Name	Hale Makua Health Services
Expenditure Start	6/1/2022
Expenditure End	6/30/2022
Expenditure Amount	\$315,500.00

### Expenditure: EN-00608285

Project Name	Administrative Costs for Grants Coordinator
Subaward ID	SUB-0367903
Subaward No	126960-5101/6275
Subaward Amount	\$806,145.89
Subaward Type	Direct Payment
Subrecipient Name	County of Maui
Expenditure Start	7/1/2022
Expenditure End	9/30/2022
Expenditure Amount	\$47,083.06

### Expenditure: EN-00463226

Project Name	Administrative Costs for Grants Coordinator
Subaward ID	SUB-0367903
Subaward No	126960-5101/6275
Subaward Amount	\$806,145.89
Subaward Type	Direct Payment
Subrecipient Name	County of Maui
Expenditure Start	5/15/2022
Expenditure End	6/30/2022
Expenditure Amount	\$21,402.09

## Expenditure: EN-00458471

Project Name	Grants Management Software
Subaward ID	SUB-0365945
Subaward No	411694
Subaward Amount	\$207,414.82
Subaward Type	Contract: Purchase Order
Subrecipient Name	Insight Public Sector, Inc.
Expenditure Start	7/1/2021
Expenditure End	6/30/2026
Expenditure Amount	\$73,590.84

### Expenditure: EN-00035208

Project Name	Maui County Small Business Grant
Subaward ID	SUB-0013721
Subaward No	G5472
Subaward Amount	\$3,000,000.00
Subaward Type	Grant: Lump Sum Payment(s)
Subrecipient Name	Maui County Federal Credit Union
Expenditure Start	10/5/2021
Expenditure End	8/22/2022
Expenditure Amount	\$2,850,000.00

### Expenditure: EN-00649570

Project Name	COVID-19 Community Based Testing Program
Subaward ID	SUB-0455006
Subaward No	C7719
Subaward Amount	\$5,000,000.00
Subaward Type	Contract: Definitive Contract
Subrecipient Name	Maui Pharmacy Solutions LLC
Expenditure Start	9/26/2022
Expenditure End	10/2/2022
Expenditure Amount	\$26,906.08

## Expenditure: EN-00649554

Project Name	COVID-19 Community Based Testing Program
Subaward ID	SUB-0455000

Subaward No	423610
Subaward Amount	\$181,561.34
Subaward Type	Contract: Purchase Order
Subrecipient Name	Maui Pharmacy Solutions LLC
Expenditure Start	8/6/2022
Expenditure End	9/25/2022
Expenditure Amount	\$181,561.34

## Aggregate Expenditures for Awards less than \$50,000

Expenditure: EN-00435999

Project Name	COVID-19 Testing Kits for Food & Beverage Establishments
Subaward Type (Aggregates)	Aggregate of Grants Awarded
Total Period Expenditure Amount	\$23,396.00
Total Period Obligation Amount	\$23,396.00

Expenditure: EN-00575198

Project Name	Operating Expenses for ARPA Grants Management
Subaward Type (Aggregates)	Aggregate of Direct Payments
Total Period Expenditure Amount	\$760.31
Total Period Obligation Amount	\$0.00

Expenditure: EN-00458437

Project Name	Operating Expenses for ARPA Grants Management
Subaward Type (Aggregates)	Aggregate of Contracts Awarded
Total Period Expenditure Amount	\$813.43
Total Period Obligation Amount	\$5,717.78

# Report

## Revenue Replacement

Is your jurisdiction electing to use the standard allowance of up to \$10 million, not to exceed your total award allocation, for identifying revenue loss?	Yes
Revenue Loss Due to Covid-19 Public Health Emergency	\$10,000,000.00
Were Fiscal Recovery Funds used to make a deposit into a pension fund?	No
Please provide an explanation of how revenue replacement funds were allocated to government services	The revenue replacement funds are allocated to provide the following government services: 1) Public transit system; 2) Public safety services; 3) Road resurfacing and rehabilitation projects, and; 4) Solid Waste operations.

## Overview

Total Obligations	\$11,724,235.83
Total Expenditures	\$3,541,013.15
Total Adopted Budget	\$0.00
Total Number of Projects	7
Total Number of Subawards	6
Total Number of Expenditures	10

## Certification

Authorized Representative Name	LYLE KOBASHIGAWA
Authorized Representative Telephone	808-270-7949
Authorized Representative Title	GRANTS COORDINATOR
Authorized Representative Email	lyle.kobashigawa@co.maui.hi.us
Submission Date	10/31/2022 2:51 PM

#### **BFED Committee**

From:

Michelle Santos < Michelle.Santos@co.maui.hi.us>

Sent:

Friday, November 4, 2022 9:44 AM

To:

**BFED Committee** 

Cc:

Didi Hamai; Josiah Nishita; Kayla Ueshiro; May-Anne Alibin; Michele Yoshimura; Sandy

Baz; Scott Teruya; Stacy Takahashi; Tyson Miyake; Zeke Kalua

Subject:

MT#9985 Legislation and Discussion on the Effect of the Coronavirus Pandemic, Rules,

Cares Act, and Related Issues

**Attachments:** 

MT#9985-BFED Committee.pdf

NOTE: PLEASE DO NOT FORWARD MY EMAIL TO ANYONE OUTSIDE OF THE COUNTY OF MAUI. YOU MAY CLICK ON THE ATTACHMENT ITSELF AND CREATE YOUR OWN EMAIL TO FORWARD THE DOCUMENT TO ANOTHER PERSON OUTSIDE OF THE COUNTY.

#### Michelle L. Santos

# Office Operations Assistant

Office of the Mayor County of Maui 200 S. High Street 9th Floor Wailuku, HI 96793

phone: (808) 270-7855 fax: (808) 270-7870