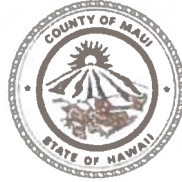


**MICHAEL P. VICTORINO**  
Mayor

**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](http://www.mauicounty.gov)

August 4, 2022

OFFICE OF THE  
COUNTY COUNCIL

2022 AUG -5 PM 2:13

RECEIVED

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

**APPROVED FOR TRANSMITTAL**

*Michael P. Victorino*  
\_\_\_\_\_  
Mayor

*8/5/22*  
\_\_\_\_\_  
Date

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)**

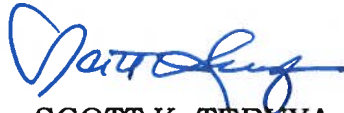
I am transmitting a copy of the report that was submitted on July 29, 2022, electronically through the United States Department of the Treasury's (herein referred as "U.S. Treasury") Portal. This submission is pursuant to 31 CFR Part 35, Coronavirus State and Local Fiscal Recovery Funds (SLFRF) Interim 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 April 1, 2022 to June 30, 2022.

*Honorable Keani N.W. Rawlins-Fernandez, Chair  
Budget, Finance, and Economic Development Committee  
August 4, 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,



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 Q2 2022**  
**Report Period : Quarter 2 2022 (April-June)**

---

**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               | HI  |
| 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 |
| Discrepancies Explanation               |   |
| Is the Recipient Registered in SAM.Gov? | Yes   |

## Project Overview

|   |  |
|---|--|
| Does your jurisdiction have projects to report as of this reporting period? |  |
|---|--|

### 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      | \$73,590.84  |
| Current Period Expenditures     | \$73,590.84  |
| 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. |

### 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   | \$813.43   |
| Current Period Obligations      | \$5,717.78   |
| Current Period Expenditures     | \$813.43   |
| 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 | \$21,402.09   |
| Current Period Obligations    | \$21,402.09   |
| Current Period Expenditures   | \$21,402.09   |
| 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  | \$315,500.00   |
| Current Period Expenditures   | \$315,500.00   |
| 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                | 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  |

negative economic impact of Covid-19

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  | \$23,396.00   |
| Current Period Expenditures   | \$23,396.00   |
| Project Description   | 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. 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 50% or more   |
| 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)                                | 500  |

## Subrecipients

### Subrecipient Name: Maui County Federal Credit Union

|  |                   |
|--|-------------------|
| TIN  | 990073467         |
| Unique Entity Identifier   |                   |
| POC Email Address  |                   |
| Address Line 1   | 1888 Wili Pa Loop |
| Address Line 2   |                   |
| Address Line 3   |                   |
| City   | Wailuku           |
| State  | HI                |
| Zip  | 96793             |
| Zip+4  |                   |
| Entity Type  | Subrecipient      |
| Is the Recipient Registered in SAM.Gov?  | No                |
| 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: Hale Makua Health Services

|  |                    |
|--|--------------------|
| TIN  | 990080460          |
| Unique Entity Identifier   |                    |
| POC Email Address  |                    |
| Address Line 1   | 472 Kaulana Street |
| Address Line 2   |                    |
| Address Line 3   |                    |
| City   | Kahului            |
| State  | HI                 |
| Zip  | 96732              |
| Zip+4  |                    |
| Entity Type  | Subrecipient       |
| Is the Recipient Registered in SAM.Gov?  | No                 |
| 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 Identifier   |                   |
| POC Email Address  |                   |
| Address Line 1   | 605 Lipoa Parkway |
| Address Line 2   |                   |
| Address Line 3   |                   |
| City   | Kihei             |
| State  | HI                |
| Zip  | 96753             |
| Zip+4  |                   |
| Entity Type  | Subrecipient      |
| Is the Recipient Registered in SAM.Gov?  | No                |
| 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 Identifier                |  |
| POC Email Address                       | <a href="mailto:erica.falchetti@insight.com">erica.falchetti@insight.com</a> |
| 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 Identifier | VJLZC958JLH6          |
| POC Email Address        |                       |
| Address Line 1           | 200 South High Street |
| Address Line 2           |                       |
| Address Line 3           |                       |
| City                     | Wailuku               |
| State                    | HI                    |
| 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     | HI  |
| Place of Performance Zip       | 96732   |
| Place of Performance Zip+4     |   |
| Description                    | The goal 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 Funds will be spent on the successful implementation on the program. |
| 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     | HI   |
| 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     | HI   |
| 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     | HI  |
| 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   |

## 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-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        |                                  |
| Subaward No        |                                  |
| Subaward Amount    | \$0.00                           |
| Subaward Type      |                                  |
| Subrecipient Name  |                                  |
| Expenditure Start  | 10/5/2021                        |
| Expenditure End    | 8/22/2022                        |
| Expenditure Amount | \$2,850,000.00                   |

**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-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            | \$6,542,674.49 |
| Total Expenditures           | \$3,284,702.36 |
| Total Number of Projects     | 6              |
| Total Number of Subawards    | 4              |
| Total Number of Expenditures | 6              |

## Certification

|                                     |                            |
|-------------------------------------|----------------------------|
| Authorized Representative Name      | MAY-ANNE ALIBIN            |
| Authorized Representative Telephone | (808) 270-████             |
| Authorized Representative Title     | DEPUTY DIRECTOR OF FINANCE |
| Authorized Representative Email     | ████████████████████       |
| Submission Date                     | 7/29/2022 7:37 PM          |