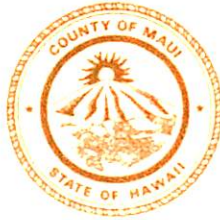


MICHAEL P. VICTORINO
Mayor

LORI TSUHAKE
Director

LINDA R. MUNSELL
Deputy Director



DEPARTMENT OF HOUSING
& HUMAN CONCERNS
COUNTY OF MAUI
2200 MAIN STREET, SUITE 546
WAILUKU, MAUI, HAWAII 96793
PHONE: (808) 270-7805

May 23, 2022

RECEIVED
2022 JUN 14 AM 11:57
OFFICE OF THE
COUNTY CLERK

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

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

APPROVED FOR TRANSMITTAL

Michael P. Victorino 6/7/22
Mayor Date

For Transmittal to:

Honorable Alice L. Lee, Chair
and Members of the Maui County Council
200 South High Street
Wailuku, Hawaii 96793

Dear Chair Lee and Members:

SUBJECT: GRANT REVENUE – DEPARTMENT OF HOUSING AND HUMAN CONCERNS – HUMAN CONCERNS PROGRAM – AGING & DISABILITY RESOURCE CENTER (ADRC)

In accordance with Ordinance No. 5217, Bill 46 (2021) Draft 1 Fiscal Year 2022 Budget, we are hereby transmitting to you a copy of Contract Log No. 20-251 Modification Order No. 4, from the State of Hawaii, Executive Office on Aging, for the program listed above, for the period of June 30, 2020 to June 29, 2022, in the amount of \$134,805.

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

Sincerely,

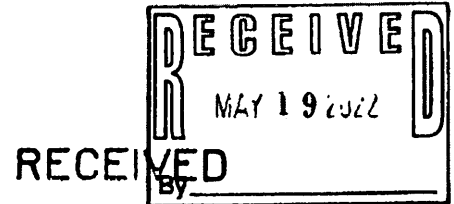
Lori Tsuhako

LORI TSUHAKE, LSW, ACSW
Director of Housing and Human Concerns

Attachment

CONTRACT MODIFICATION FORM

STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING



'22 MAY -4 A9:53

CONTRACT LOG NO. 20-251

MODIFICATION ORDER NO. 4

Contractor/Provider County of Maui, Maui County Office on Aging

OFFICE OF THE MAYOR

Contract Title Aging and Disability Resource Center

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).

Exhibit "C" is modified and replaced with Modification Order #4, Exhibit "C" attached.

All other terms and conditions of the contract shall remain the same.

B. CONTRACTOR/PROVIDER's QUOTATION

The modifications described in A, above, will be performed at a contract price ☒ increase ☐ decrease of \$ 134,805.00. The

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

Michael P. Viti
Contractor/Provider's Signature

C. STATEMENT OF CONTRACT FUNDS

Original Contract Price	\$ <u>1,016,889.00</u>
Previous Adjusted Contract Price	\$ <u>1,664,748.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>134,805.00</u>
New Adjusted Contract Price	\$ <u><u>1,799,553.00</u></u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVED AS TO FORM
AND LEGALITY

Deputy Corporation Counsel
County of Maui

APPROVAL RECOMMENDED:
LORI TSUHAKO
Director of Housing and Human Concerns

Lori Tsuhako

Clive Anderson 5/16/2022
Director of Executive Office on Aging Date

CONTRACT MODIFICATION FORM

STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING

CONTRACT LOG NO. 20-251

MODIFICATION ORDER NO. 4

Contractor/Provider County of Maui, Maui County Office on Aging

Contract Title Aging and Disability Resource Center

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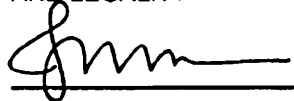
Contractor/Provider's Signature

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Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>134,805.00</u>
New Adjusted Contract Price	\$ <u><u>1,799,553.00</u></u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVED AS TO FORM
AND LEGALITY



Deputy Corporation Counsel
County of Maui

APPROVAL RECOMMENDED:

LORI TSUJIKAWA
Director of Housing and Human Concerns



Director of Executive
Office on Aging

Date

PROVIDER'S ACKNOWLEDGMENT

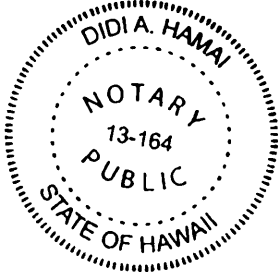
STATE OF HAWAII)
) SS.
COUNTY OF MAUI)


On this 6th day of May, 2022, before
me appeared Michael P. Victorino

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 _____ the 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.

(Notary Seal)



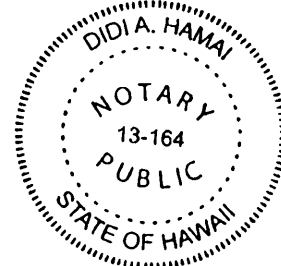
By 
(Signature)
Print Name Didi A. Hamai
Date 05/06/2022
Notary Public, State of Hawaii
My commission expires: 05/13/2025

Doc. Date:	<u>Undated at time of notary</u>	# Pages:	<u>03</u>
Notary Name:	<u>Didi A. Hamai</u>	<u>2nd</u>	Circuit
Doc. Description:	<u>ADRC Contract 20-251 Modification</u>		
Order #4			

Notary Signature MAY 06 2022
Date

NOTARY CERTIFICATION

(Notary Stamp or Seal)



BUDGET

County of Maui, County Office of Aging

ASO Log No. 20-251

06/30/20 - 06/29/22

FUNDS	SFY 2020	SFY 2021	SFY 2022	TOTAL
G-20-121	\$1,016,889	\$0	\$0	\$1,016,889
G-21-121	\$0	\$450,965	\$0	\$450,965
G-22-121	\$0	\$0	\$239,699	\$239,699
NWD-CARES	\$0	\$92,000	\$0	\$92,000
	\$1,016,889	\$542,965	\$239,699	\$1,799,553