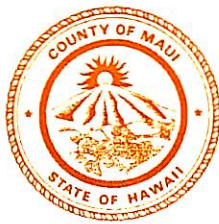


MICHAEL P. VICTORINO
Mayor

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



**OFFICE OF THE
COUNTY CLERK**

June 9, 2022

Ms. Michele M. Yoshimura
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 *6/14/22*

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 – KUPUNA CARE
PROGRAM**

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. 20-194 Modification Order 10, from the State of Hawaii, Executive Office on Aging, for the program listed above, for the period of July 01, 2019 to June 30, 2025, in the amount of \$270,187.

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

Sincerely,

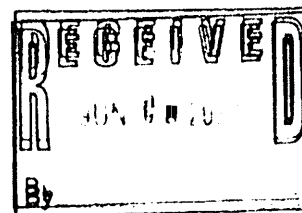
A blue ink signature of Lori Tsuhako, written in a cursive style.

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

Attachment

CONTRACT MODIFICATION FORM

STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING



CONTRACT LOG NO. 20-194

MODIFICATION ORDER NO. 10

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

Contract Title Kupuna Care 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).

Exhibit "B", Budget is modified and replaced with Modification Order #10, revised Exhibit "B" 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 \$ 270,187.00. The

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

Michael P. Kiti
Contractor/Provider's Signature

C. STATEMENT OF CONTRACT FUNDS

Original Contract Price	\$ <u>997,000.00</u>
Previous Adjusted Contract Price	\$ <u>3,011,800.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>270,187.00</u>
New Adjusted Contract Price	\$ <u>3,281,987.00</u>

**D. VALIDATION OF CONTRACT MODIFICATION
APPROVED AS TO FORM
AND LEGALITY**

APPROVAL RECOMMENDED:
LORI TAUHAKO
Director of Housing and Human Concerns

[Signature]

Deputy Corporation Counsel
County of Maui

[Signature]
Director of Executive
Office on Aging

JUN 02 2022
Date

CONTRACT MODIFICATION FORM

**STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING**

CONTRACT LOG NO. 20-194

MODIFICATION ORDER NO. 10

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

Contract Title Kupuna Care 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).

Exhibit "B", Budget is modified and replaced with Modification Order #10, revised Exhibit "B" 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 \$ 270,187.00. 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>997,000.00</u>
Previous Adjusted Contract Price	\$ <u>3,011,800.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>270,187.00</u>
New Adjusted Contract Price	\$ <u><u>3,281,987.00</u></u>

**D. VALIDATION OF CONTRACT MODIFICATION
APPROVED AS TO FORM
AND LEGALITY**



Deputy Corporation Counsel
County of Maui

APPROVAL RECOMMENDED:
LORI TAUHAKO
Director of Housing and Human Concerns


Director of Executive
Office on Aging

Date

RECEIVED**REQUEST FOR LEGAL SERVICES**

By Corporation Counsel at 10:42 am, May 12, 2022

Date: 5/9/2022

From: DEPARTMENT OF HOUSING & HUMAN CONCERNS -Office on Aging

Transmittal

Memo To: DEPARTMENT OF CORPORATION COUNSEL


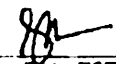
Attention: Jen Oana, Deputy Corporation Counsel

Subject: KUPUNA CARE PROGRAM

Background Data:

Kupuna Care program Contract Log No. 20-194 Modification No 10. This contract modification order deletes and replaces Exhibit "B" Budget, with an increase of \$270,187.00. All other terms and conditions of the contract shall remain the same.

Work Requested: ☒ FOR APPROVAL AS TO FORM AND LEGALITY
☐ OTHER:

Requestor's Signature 	Contact Person Rowena Dagdag-Andaya 
Lori Tshako, Director	Telephone Extensions: Ext. 7272

☐ ROUTINE (WITHIN 15 WORKING DAYS) ☐ RUSH (WITHIN 5 WORKING DAYS)
☒ PRIORITY (WITHIN 10 WORKING DAYS) ☐ URGENT (WITHIN 3 WORKING DAYS)

☐ SPECIFY DUE DATE (IF IMPOSED BY SPECIFIC CIRCUMSTANCES):

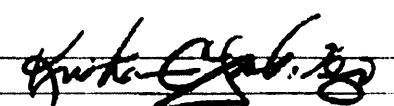
REASON:

FOR CORPORATION COUNSEL'S RESPONSE

ASSIGNED TO: JMO/KCT	ASSIGNMENT NO. 2019-1971	BY: maa
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TO REQUESTOR: ☒ APPROVED ☐ DISAPPROVED ☐ OTHER (SEE COMMENTS BELOW)
☐ RETURNING—PLEASE EXPAND AND PROVIDE DETAILS REGARDING ITEMS AS NOTED

COMMENTS: (NOTE: THIS SECTION NOT TO BE USED FOR LEGAL ADVICE)

DEPARTMENT OF CORPORATION COUNSEL	
DATE: 5/16/22	BY: 

County of Maui

Maui County Office on Aging

Budget

July 01, 2019 to June 30, 2025

Kupuna Care Service Funds	\$897,300
Kupuna Care Administrative Funds	\$99,700
G-21-121 Kupuna Care Service Funds	\$1,132,624
G-21-121 Kupuna Care Administrative Funds	\$125,847
G-22-121 Kupuna Care Service Funds	\$900,022
G-22-121 Kupuna Care Administrative Funds	\$100,002
Elder Abuse Case Management	\$26,492
Total	\$3,281,987

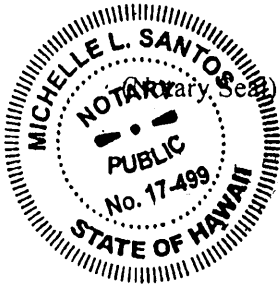
PROVIDER'S ACKNOWLEDGMENT

STATE OF HAWAII)
) SS.
)
COUNTY OF MAUI)

On this 27th day of May, 20 22, before
me appeared Michael P. Victoria

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 L. Santos
(Signature)
Print Name MICHELLE L. SANTOS
Date 05-27-2022
Notary Public, State of Hawaii
My commission expires: 12-03-2025

Doc. Date: Undated # Pages: 5
Notary Name: MICHELLE L. SANTOS 2nd Circuit
Doc. Description: Kupuna Care contract 20-194 Modification
Order #10

Michelle L. Santos 05-27-2022
Notary Signature Date

NOTARY CERTIFICATION

