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 31, 2018

Mr. Sananda Baz Budget Director, County of Maul 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 CARE 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 MA2016A02, Modification Order No. 5, from the State of Hawaii, Executive Office on Aging in the amount of \$1,130,432 for the period July 1, 2018 to June 30, 2019 for Kupuna Care services.

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

COUNTY COMMUNICATION NO. 18-291

D FOR TRANSMITTAL

CONTRACT MODIFICATION FORM

STATE OF HAWAII DEPARTMENT OF HEALTH EXECUTIVE OFFICE ON AGING

CONTRACT LOG NO. MA2016A02

MODIFICATION ORDER NO. 5

Contractor/Provider County of Maui

Contract Title Kupuna Care

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" is hereby deleted and replaced with Modification Order #5, Revised Exhibit "B" attached.

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

В.	CONTRACTOR/PROVIDER'S QUOTATION					
	The modifications described in A, above, will be performed at a contract					
	price 🛛 increase 🗌 decrease of \$ 1.130.4	<u>32.00.</u> 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>678,778.00</u>				
	Previous Adjusted Contract Price	\$ 3,165,734.00				
	Amount of this Change: Plus Minus	\$ <u>1,130,432.00</u>				
	New Adjusted Contract Price	<u>\$ 4,296,166.00</u>				

D. VALIDATION OF CONTRACT MODIFICATION

APPROVED AS TO FORM AND LEGALITY

Jan Skishido
Acting Director of Housing and Human Concerns

Director of Executive Date
Office on Aging

APPROVAL RECOMMENDED

ASO C-003 MOD FORM (rev. 4/2011 EOA)

CONTRACT NO.	MA2016A02-M5
CONTINUE	

PROVIDER'S ACKNOWLEDGMENT

STATE OF HAWAII)
) SS. COUNTY OF MAUI)
On this and day of July , 20 18 , before
me appeared ALAU 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 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.
By JWChille (Signature)
Print Name MICHELLE L. SANTOS
Print Name NOTAR Date 7248 Notary Public, State of HAWAII My commission expires: 12-3-21
Notary Public, State of HAWAII
My commission expires: 12-3-2
THE OF HAVE
Doc. Date: Whates # Pages: 3 Notary Name: MICHELLE L. SANTOSORGITCUIT Doc. Description: Contract Nordification How, Contract MADOLGAO2 MOTARION No. 17-499 Notary Signature Date
Nucliul & Santas 7-2-18
Notary Signature Date

NOTARY CERTIFICATION

Budget July 1, 2016 - June 30, 2019

Provider: County of Maui

FUNDS	SFY 2016	SFY 2017	SFY 2018	SFY 2019	TOTAL
Kupuna Care Services					
G-XX-121	\$610,901.00	\$958,712.00	\$963,646.00	\$1,048,743.00	\$3,582,002.00
G-16-399	\$333,450.00	V	***************************************		\$333,450.00
Total	\$944,351.00	\$958,712.00	\$963,646.00	\$1,048,743.00	\$3,915,452.00
Kupuna Care Admin					
G-XX-121	\$67,877.00	\$67,877.00	\$83,795.00	\$55,197.00	\$274,746.00
Elder Abuse					
G-XX-121	\$ 26,492.00	\$ 26,492.00	\$ 26,492.00	\$ 26,492.00	\$ 105,968.00
TOTAL	\$1,038,720.00	\$1,053,081.00	\$1,073,933.00	\$1,130,432.00	\$4,296,166.00

Exhibit "B" Page 1 of 1