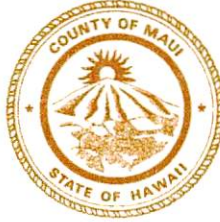


MICHAEL P. VICTORINO  
Mayor

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 19, 2020

RECEIVED  
2020 MAY 20 PM 1:34  
OFFICE OF THE  
COUNTY CLERK

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* 5/20/20  
Mayor Date

For Transmittal to:

Honorable Alice L. Lee, Chair  
and Members of 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 –TITLE III PROGRAMS GRANT**

In accordance with Ordinance No. 4988, Bill 36 (2019) Draft 1 Fiscal Year 2020 Budget, we are hereby transmitting to you a copy of the notice of intent and contract modification form to award Families First Coronavirus Response Act (FFCRA) Supplemental Allotment funds from the State of Hawaii, Executive Office on Aging, for the program listed above in the amount of \$187,203 for FFY2020.

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

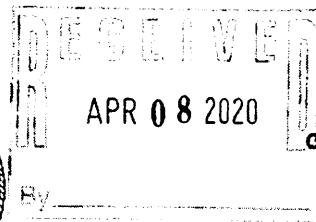
Attachments

TO SUPPORT AND EMPOWER OUR COMMUNITY  
POTENTIAL FOR PERSONAL WELL-BEING.

COUNTY COMMUNICATION NO. 20-304

DAVID Y. IGE  
GOVERNOR OF HAWAII

BRUCE S. ANDERSON, PhD.  
DIRECTOR OF HEALTH



CAROLINE CADIRAO  
DIRECTOR

Telephone  
(808) 586-0100

Fax  
(808) 586-0185

STATE OF HAWAII  
EXECUTIVE OFFICE ON AGING  
NO. 1 CAPITOL DISTRICT  
250 SOUTH HOTEL STREET, SUITE 406  
HONOLULU, HAWAII 96813-2831

March 31, 2020

TO: Deborah Stone-Walls  
County Executive  
Maui County Office on Aging

FROM: Caroline Cadirao *Caroline Cadirao*  
Director  
Executive Office on Aging

SUBJECT: INTENT TO AWARD SUPPLEMENTAL ALLOTMENT FOR FFY 2020

The Executive Office on Aging intends to award the County of Maui, Maui County Office on Aging the following Older Americans Act federal funds in the amount of \$187,203.00. This award is for federal fiscal year 2020 beginning October 1, 2019 through September 30, 2020 to carry out the provisions of your Area Plan on Aging.

Please be aware that these funds are subject to Congressional Appropriations from the Department of Health and Human Services, Administration on Community Living. These funds are distributed utilizing the Intrastate Funding Formula.

Federal Funds –Older Americans Act for FFY 2020

IIIC 1	\$87,019
IIIC 2	\$100,184
<b>Total</b>	<b>\$187,203</b>

Please contact Aaron Arakaki, Grants Manager at 586-7309 if you have any questions. Thank you.

CT/jl

C: Shannon Chun  
Aaron Arakaki

CONTRACT MODIFICATION FORM

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
EXECUTIVE OFFICE ON AGING

CONTRACT LOG NO. ASO LOG 20-201

MODIFICATION ORDER NO. 2

Contractor/Provider County of Maui

Contract Title Older Americans Act Title III Funds

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).

The parties agree to increase the following Title III FY 2020 funds, Part C1 \$87,019.00, Part C2 \$100,184.00 for a total increase of \$187,203.00. The Budget Exhibit "A" is hereby deleted and replaced with Modification Order #2, Revised Exhibit "A" attached.

B. CONTRACTOR/PROVIDER'S QUOTATION

The modifications described in A, above, will be performed at a contract

price ☒ increase ☐ decrease of \$ 187,203.00. The

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

Michael P. Vata  
Contractor/Provider's Signature

C. STATEMENT OF CONTRACT FUNDS

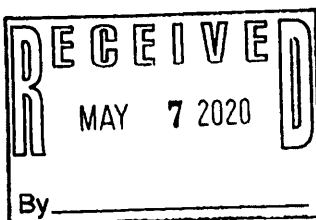
Original Contract Price	\$ <u>173,373.00</u>
Previous Adjusted Contract Price	\$ <u>787,497.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>187,203.00</u>
New Adjusted Contract Price	\$ <u>974,700.00</u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVAL RECOMMENDED:

Lori Tsuhako  
LORI TSUHAKO  
Director, Housing and Human Concerns

William C. Adams 4/27/2020  
Director of Executive Office on Aging Date



CONTRACT MODIFICATION FORM

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
EXECUTIVE OFFICE ON AGING

CONTRACT LOG NO. ASO LOG 20-201

MODIFICATION ORDER NO. 2

Contractor/Provider County of Maui

Contract Title Older Americans Act Title III Funds

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B. CONTRACTOR/PROVIDER'S QUOTATION

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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>173,373.00</u>
Previous Adjusted Contract Price	\$ <u>787,497.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>187,203.00</u>
New Adjusted Contract Price	\$ <u>974,700.00</u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVAL RECOMMENDED:  

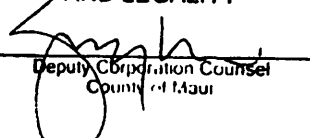

\_\_\_\_\_  
LORI TSUHAKO  
Director, Housing and Human Concerns

\_\_\_\_\_  
Director of Executive  
Office on Aging

\_\_\_\_\_  
Date

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

APPROVED AS TO FORM  
AND LEGALITY

  
\_\_\_\_\_  
Deputy Corporation Counsel  
County of Maui

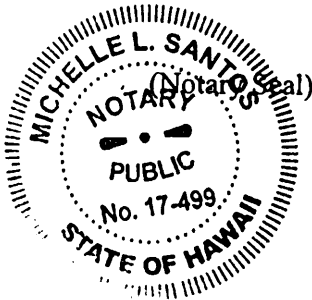
**PROVIDER'S ACKNOWLEDGMENT**

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

On this 21st day of April, 2020, 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 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.

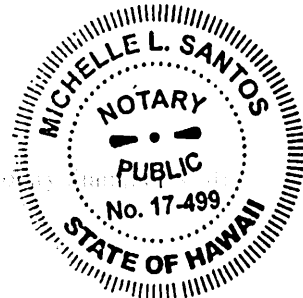


By Michelle L. Santos  
(Signature)  
Print Name MICHELLE L. SANTOS  
Date 04-21-2020  
Notary Public, State of Hawaii  
My commission expires: 12-03-2021

Doc. Date: Undated # Pages: 4  
Notary Name: MICHELLE L. SANTOS 2nd Circuit  
Doc. Description: Contract Modification  
Form

Michelle L. Santos 04-21-2020  
Notary Signature Date

NOTARY CERTIFICATION



## BUDGET

Contract Log No. ASO LOG 20-201  
Contractor/Provider County of Maui

Title III funds for FFY 2020

DESCRIPTION	FY 2020		Total
Title III B Supportive Services			
S-20-221	276,518		276,518
Total	276,518		276,518
Title III C1 Congregate Meals			
S-20-221	323,377		323,377
Total	323,377		323,377
Title III C2 Home Delivered Meals			
S-20-221	254,945		254,945
Total	254,945		254,945
Title III D Preventive Health			
S-20-221	15,803		15,803
Total	15,803		15,803
Title III E National Family Caregiver Support Prog			
S-20-221	104,057		104,057
Total	104,057		104,057
<b>Total</b>	<b>974,700</b>		<b>974,700</b>