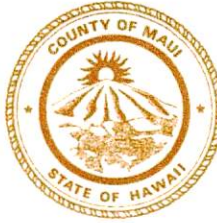


MICHAEL P. VICTORINO
Mayor

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

October 6, 2020

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 10/7/20
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 – TITLE III PROGRAM

In accordance with Ordinance No. 5099, Bill 64 (2020) Draft 1 Fiscal Year 2021 Budget, we are hereby transmitting to you a copy of the Contract Modification Order No. 6 from State of Hawaii, Executive Office on Aging, for the period October 1, 2019 to September 31, 2021, in the amount of \$1,445.

Thank you for your attention to the 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

CONTRACT LOG NO. ASO LOG 20-201

MODIFICATION ORDER NO. 6

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 Part C1 by \$954.00 and Part C2 by \$491.00 for a total increase of \$1,445.00. Budget Exhibit "A" is hereby deleted and replaced with Modification Order #6, 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 \$ 1,445.00. 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>173,373.00</u>
Previous Adjusted Contract Price	\$ <u>1,533,147.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>1,445.00</u>
New Adjusted Contract Price	\$ <u><u>1,534,592.00</u></u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVAL RECOMMENDED:


LORI TSUHAKO
Director, Housing and Human Concerns

 OCT 02 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. 6

Contractor/Provider County of Maui

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New Adjusted Contract Price	\$ <u>1,534,592.00</u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVED AS TO FORM
AND LEGALITY



Digitally signed by Gary Mural
DN: cn=Gary Mural, o=Corp.Counsel,
ou=C & D,
email=gary.mural@co.maui.hi.us,
c=US
Date: 2020.09.20 11:19:59 -1000

Deputy Corporation Counsel
County of Maui

APPROVAL RECOMMENDED:



LORI TSUHAKO
Director, Housing and Human Concerns

Director of Executive
Office on Aging

Date

PROVIDER'S ACKNOWLEDGMENT

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

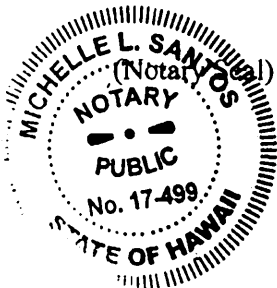
On this 26th day of September, 2020, before
me appeared Michael P. Victorino

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 09-24-2020

Notary Public, State of Hawaii

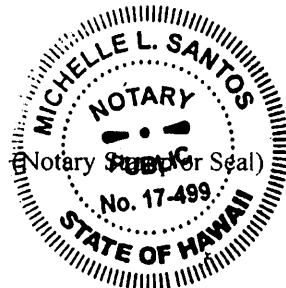
My commission expires: 12-03-2021

Doc. Date: Undated # Pages: 4

Notary Name: MICHELLE L. SANTOS 2nd Circuit

Doc. Description: Contract Modification
Form

Michelle L. Santos 09-24-2020
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 CFDA 93.044			
S-20-221	401,517		401,517
Cares Act	185,499		185,499
Total	587,016		587,016
Title III C1 Congregate Meals CFDA 93.045			
S-20-221	176,409		176,409
First Families Coronavirus Response Act	87,019		87,019
Total	263,428		263,428
Title III C2 Home Delivered Meals CFDA 93.045			
S-20-221	114,041		114,041
First Families Coronavirus Response Act	100,184		100,184
Cares Act	287,384		287,384
Total	501,609		501,609
Title III D Preventive Health CFDA 93.043			
S-20-221	16,346		16,346
			0
Total	16,346		16,346
Title III E NFCSP CFDA 93.052			
S-20-221	107,693		107,693
Cares Act	58,500		58,500
Total	166,193		166,193
Total	1,534,592		1,534,592

Revised Exhibit "A"

ASO LOG 20-201-M6