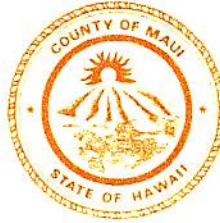


MICHAEL P. VICTORINO
Mayor

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
March 31, 2021

RECEIVED
2021 APR -7 AM 9:31
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 4/6/21
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 AND DISABILITY RESOURCE CENTER (ADRC)

In accordance with Ordinance No. 5099, Bill 64 (2020) Draft 1 Fiscal Year 2021 Budget, we are hereby transmitting to you a copy Modification 1 and Modification 2 from the State of Hawaii, Executive Office on Aging, for the program listed above, in the amount of \$450,965 for the federal fiscal year 2020-2021.

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

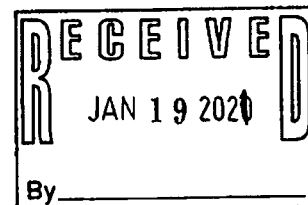
Attachments

TO SUPPORT AND EMPOWER OUR CO
POTENTIAL FOR PERSONAL WELI

COUNTY COMMUNICATION NO. 21-178

CONTRACT MODIFICATION FORM

STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING



CONTRACT LOG NO. ASO Log No. 20-251

MODIFICATION ORDER NO. 1

Contractor/Provider County of Maui

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", Budget, is hereby deleted and replaced with Modification Order #1, Revised 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 \$ 292,939.000. The

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

Michael P. Viet
Contractor/Provider's Signature

C. STATEMENT OF CONTRACT FUNDS

Original Contract Price	\$ <u>1,016,889.00</u>
Previous Adjusted Contract Price	\$ <u>n/a</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>292,939.00</u>
New Adjusted Contract Price	\$ <u>1,309,828.00</u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVAL RECOMMENDED:

Lori Tsuhako
LORI TSUHAKE
Director, Housing and Human Concerns

William C. Carter JAN 14 2021
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 No. 20-251

MODIFICATION ORDER NO. 1

Contractor/Provider County of Maui

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", Budget, is hereby deleted and replaced with Modification Order #1, Revised 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 \$ 292,939.000. 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>1,016,889.00</u>
Previous Adjusted Contract Price	\$ <u>n/a</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>292,939.00</u>
New Adjusted Contract Price	\$ <u>1,309,828.00</u>

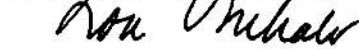
D. VALIDATION OF CONTRACT MODIFICATION

Approved as to form
and legality

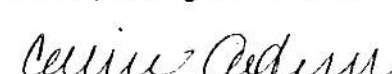


Digitally signed by Gary
Mural
DN: cn=Gary Mural,
o=Corp.Counsel, ou=C & D,
email=gary.mural@co.maui.h
i.us, c=US
Date: 2020.12.29 16:34:17
+10'00'

APPROVAL RECOMMENDED:



LORI TSUHAKO
Director, Housing and Human Concerns



Director of Executive
Office on Aging

JAN 14 2021

Date

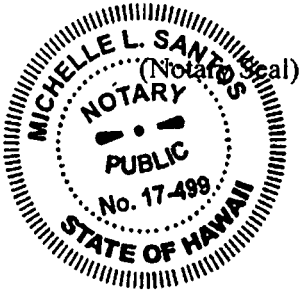
PROVIDER'S ACKNOWLEDGMENT

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

On this 6th day of January, 20 21, 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.

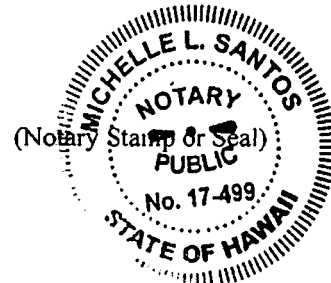


By Michelle L. Santos
(Signature)
Print Name MICHELLE L. SANTOS
Date 01-06-2021
Notary Public, State of Hawaii
My commission expires: 12-03-2021

Doc. Date: Undated # Pages: 4
Notary Name: MICHELLE L. SANTOS 2nd Circuit
Doc. Description: ASO Log No. 20-251 Modification Order 1

Michelle L. Santos 12-03-2021
Notary Signature Date

NOTARY CERTIFICATION



BUDGET
County of Maui, County Office on Aging

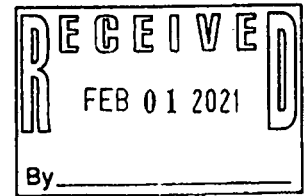
ASO Log No. 20-251
06/30/20 - 06/29/22

FUNDS	SFY 2020	TOTAL
G-20-121	\$1,016,889.00	\$1,016,889.00
G-21-121	\$292,939.00	\$292,939.00
TOTAL	\$1,309,828.00	\$1,309,828.00

Modification Order #1, Revised Exhibit "C"

CONTRACT MODIFICATION FORM

STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING



CONTRACT LOG NO. ASO Log No. 20-251

MODIFICATION ORDER NO. 2

Contractor/Provider County of Maui

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", Budget, is hereby deleted and replaced with Modification Order #2, Revised 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 \$ 250,026.00. 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>1,016,889.00</u>
Previous Adjusted Contract Price	\$ <u>1,309,828.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>250,026.00</u>
New Adjusted Contract Price	\$ <u>1,559,854.00</u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVAL RECOMMENDED:


LORI TSUHAKO
Director, Housing and Human Concerns


Director of Executive
Office on Aging

JAN 28 2021
Date

CONTRACT MODIFICATION FORM

STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING

CONTRACT LOG NO. ASO Log No. 20-251

MODIFICATION ORDER NO. 2

Contractor/Provider County of Maui

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", Budget, is hereby deleted and replaced with Modification Order #2, Revised 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 \$ 250,026.00. 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>1,016,889.00</u>
Previous Adjusted Contract Price	\$ <u>1,309,828.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>250,026.00</u>
New Adjusted Contract Price	\$ <u>1,559,854.00</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 &
O,
email=gary.mural@co.mau
hi.us, c=US
Date: 2021.01.06 15:02:41
+10'00'

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

APPROVAL RECOMMENDED:


LORI TSUHAKO
Director, Housing and Human Concerns

 JAN 28 2021

Director of Executive Office on Aging Date

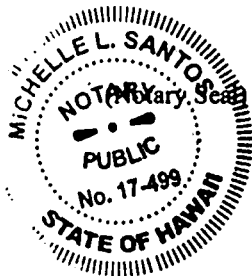
PROVIDER'S ACKNOWLEDGMENT

STATE OF HAWAII)
) SS.
COUNTY OF MAUI)

On this 21st day of January, 2021, 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
Mayer 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.

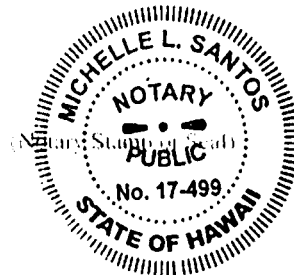


By Michelle L. Santos
(Signature)
Print Name MICHELLE L. SANTOS
Date 01/21-2021
Notary Public, State of Hawaii
My commission expires: 12-03-2021

Doc. Date: 01/21/2021 # Pages: 4
Notary Name: MICHELLE L. SANTOS 2ND Circuit
Doc. Description: ASO Log No. 20-251 Modification Order 2

Michelle L. Santos 01/21/2021
Notary Signature Date

NOTARY CERTIFICATION



BUDGET
County of Maui, County Office on Aging

ASO Log No. 20-251
06/30/20 - 06/29/22

FUNDS	SFY 2020	SFY2021	TOTAL
G-20-121	\$1,016,889.00	\$0.00	\$1,016,889.00
G-21-121	\$0.00	\$450,965.00	\$450,965.00
NWD-CARES	\$0.00	\$92,000.00	\$92,000.00
TOTAL	\$1,016,889.00	\$542,965.00	\$1,559,854.00

Modification Order #2, Revised Exhibit "C"