## MICHAEL P. VICTORINO Mayor

LORI TSUHAKO Director

LINDA R. MUNSELL Deputy Director



## DEPARTMENT OF HOUSING & HUMAN CONCERNS

**COUNTY OF MAUI** 2200 MAIN STREET, SUITE 546 WAILUKU, MAUI, HAWAI'I 96793 PHONE: (808) 270-7805

September 20, 2021

Ms. Michele M. Yoshimura 40 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

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

**PROGRAMS** 

In accordance with Ordinance No. 5217, Bill 46 (2021) Draft 1 Fiscal Year 2022 Budget, we are hereby transmitting to you a copy of Modification No. 10 from State of Hawaii Executive Office on Aging for the program listed above, for the period of October 1, 2021 to September 30, 2022 in the amount of \$926,789.

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

Sincerely

LORI TSUHAKO, LSW, ACSW

Director of Housing and Human Concerns

Attachment

COUNTY COMMUNICATION NO. 21-463





APPROVED FOR TRANSMITTAL

## **CONTRACT MODIFICATION FORM**

# STATE OF HAWAII DEPARTMENT OF HEALTH EXECUTIVE OFFICE ON AGING

CONTRACT LOG NO. ASO LOG 20-201

**MODIFICATION ORDER NO. 10** 

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).

Scope of Services Attachment 1 is hereby revised to accommodate the Title III Expanding Access to COVID-19 Vaccines via the Aging Network grant. Where the SUA and AAAs are not a single PSA, to serve older adults and their caregivers for the following purposes:

Disseminating credible information about COVID-19 vaccines and help direct those with questions to additional sources of information, identifying people who may need help getting a COVID-19 vaccination, including those who are unable to independently travel to a vaccination site, helping with scheduling a COVID-19 vaccination appointment for those who need help, arranging or providing accessible transportation to COVID-19 vaccination sites, providing technical assistance to local health departments and other entities on vaccine accessibility, providing personal support if needed (e.g., peer support), and reminding the person of their second vaccination appointment if needed.

The parties agree to increase FFY 2021 Title III Part B COVID vaccines by \$29,249.00, Title III Part B by \$300,786.00, Part C1 by \$214,842.00, Part C2 by \$268,517.00, Part D by 28,994.00, and Part E \$84,401.00 for a total increase of \$926,789.00. Budget Exhibit "A" is hereby deleted and replaced with Modification Order #10, 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 \$ 926,789.00. 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 \$ 173,373.00 Previous Adjusted Contract Price 2,462,300.00 Amount of this Change: Plus ⋈ Minus □ 926,789.00 New Adjusted Contract Price

#### D. VALIDATION OF CONTRACT MODIFICATION

Director, Housing and Human Concerns

3,389,089.00

Director of Executive Office on Aging

## C. STATEMENT OF CONTRACT FUNDS

 Original Contract Price
 \$ 173,373.00

 Previous Adjusted Contract Price
 \$ 2,462,300.00

 Amount of this Change: Plus ☑ Minus ☐
 \$ 926,789.00

 New Adjusted Contract Price
 \$ 3,389,089.00

## D. VALIDATION OF CONTRACT MODIFICATION

Approved as to form and legality:



Digitally signed by Gary Murai DN: cn=Gary Murai, 0=Corp.Counsel, ou=C & D, email=gary murai@co.maui.hi. u\$, c=U\$ Date: 2021.08.23 11:31:40 -10'00' APPROVAL RECOMMENDED:

LORI TSUHAKO
Director, Housing and Human Concerns

Director of Executive Office on Aging Date

## **BUDGET**

Contract Log No. ASO LOG# 20-201 Contractor/Provider County of Maui Title III funds for FFY 2020, 2021

DESCRIPTION	FY 2020	FY 2021	Total
Title III B Supportive Services CFDA 93.044			
S-XX-221	401,517	285,328	686,845
Cares Act	185,499		185,499
COVID-19		29,249	29,249
2021 ARP Funds		300,786	300,786
Total	587,016	615,363	1,202,379
Title III C1 Congregrate Meals CFDA 93.045			
S-XX-221	176,409	247,402	423,811
First Families Coronavirus Response Act	87,019		87,019
2021 ARP Funds		214,842	214,842
Total	263,428	462,244	725,672
Title III C2 Home Delivered Meals CFDA 93.045			~
S-XX-221	114,041	164,810	278,851
Consolidated Act		104,864	104,864
First Families Coronavirus Response Act	100,184		100,184
Cares Act	287,384		287,384
2021 ARP Funds		268,517	268,517
Total	501,609	538,191	1,039,800
Title III D Preventive Health CFDA 93.043			
S-XX-221	16,346	16,291	32,637
2021 ARP Funds		28,994	28,994
Total	16,346	45,285	61,631
Title III E NFCSP CFDA 93.052			
S-XX-221	107,693	109,013	216,706
Cares Act	58,500		58,500
2021 ARP Funds		84,401	84,401
Total	166,193	193,414	359,607
Total	1,534,592	1,854,497	3,389,089

## PROVIDER'S ACKNOWLEDGMENT

STATE OF	HAWAII		)			
	COUNTY OF	MAUI	) SS.			
On thi	2 1	day of	September	, 20 <u>Q</u> , before		
	Market	<u> </u>	7100			
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						
and						
of Charles of Mary						
the PROVIDE	ER named in the fore	going instrument, a	and that he/she/thev	is/are authorized to sign said		
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.						
PUE NO. 1	Notary Beal)  SAN ON THE SECOND SECON	Date Notai	Name MIC Name OQO35 ry Public, State of commission expires:	HELLE L. SANTOS  Dawaii  13-03-2021		
Doc. Date:  Notary Name:  Doc. Description  Motary Signature	Santer	# Pages: ANTOS INI NOCIFICA  09038  Date	Circuit Tun	PUBLIC No. 17-499.		

NOTARY CERTIFICATION