

MICHAEL P. VICTORINO
Mayor

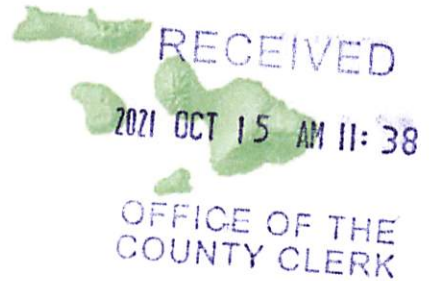
LORI TSUHAKE
Director

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 8, 2021



Ms. Michele M. Yoshimura *MJY*
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 10/14/21
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 – 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. 11 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 \$3,317.

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

Attachment

COUNTY COMMUNICATION NO. 21-483

TO SUPPORT AND EMPOWER OUR COMMUNITY TO REACH ITS FULLEST
POTENTIAL FOR PERSONAL WELL-BEING AND SELF-RELIANCE

**CONTRACT MODIFICATION FORM
STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING**

CONTRACT LOG NO. ASO LOG 20-201

MODIFICATION ORDER NO. 11

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).

Time of Performance Attachment 2 is hereby revised to extend to September 30, 2024.
Revised Attachment 2 attached.

The parties agree to increase FFY 2021 Title III Part B by \$814.00, Part C1 by \$1,349.00, Part C2 by \$718.00, Part D by 49.00, and Part E \$387.00 for a total increase of \$3,317.00. Budget Exhibit "A" is hereby deleted and replaced with Modification Order #11, 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 \$ 3,317.00. 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>3,389,089.00</u>
Amount of this Change: Plus <input checked="" type="checkbox"/> Minus <input type="checkbox"/>	\$ <u>3,317.00</u>
New Adjusted Contract Price	\$ <u><u>3,392,406.00</u></u>

D. VALIDATION OF CONTRACT MODIFICATION

APPROVAL RECOMMENDED:


LORI TSUHAKO
Director, Housing and Human Concerns


Director of Executive Office on Aging

10/5/2021
Date

**CONTRACT MODIFICATION FORM
STATE OF HAWAII
DEPARTMENT OF HEALTH
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New Adjusted Contract Price	\$ <u>3,392,406.00</u>

D. VALIDATION OF CONTRACT MODIFICATION

Approved as to form and legality


Deputy Corporation Counsel

APPROVAL RECOMMENDED:



LORI TSUHAKO
Director, Housing and Human Concerns

 10/5/2021

Director of Executive Office on Aging Date

TIME OF PERFORMANCE

Time of Performance. The PROVIDER shall provide the services required under this Contract from October 1, 2019, to September 30, 2024, unless this Contract is sooner terminated as hereinafter provided.

This Contract may be extended as provided in paragraph 7 of the Special Conditions.

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	286,142	687,659
Cares Act	185,499		185,499
COVID-19		29,249	29,249
2021 ARP Funds		300,786	300,786
Total	587,016	616,177	1,203,193
Title III C1 Congregate Meals CFDA 93.045			
S-XX-221	176,409	248,751	425,160
First Families Coronavirus Response Act	87,019		87,019
2021 ARP Funds		214,842	214,842
Total	263,428	463,593	727,021
Title III C2 Home Delivered Meals CFDA 93.045			
S-XX-221	114,041	165,528	279,569
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	538,909	1,040,518
Title III D Preventive Health CFDA 93.043			
S-XX-221	16,346	16,340	32,686
2021 ARP Funds		28,994	28,994
Total	16,346	45,334	61,680
Title III E NFCSP CFDA 93.052			
S-XX-221	107,693	109,400	217,093
Cares Act	58,500		58,500
2021 ARP Funds		84,401	84,401
Total	166,193	193,801	359,994
Total	1,534,592	1,857,814	3,392,406

Revised Exhibit "A"

ASO LOG 20-201-M11

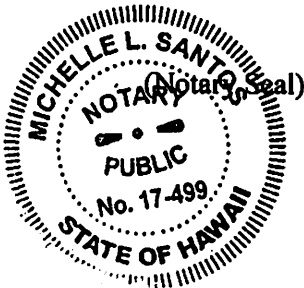
PROVIDER'S ACKNOWLEDGMENT

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

On this 29th day of September, 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
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 09-29-2021
Notary Public, State of Hawaii
My commission expires: 12-03-2021

Doc. Date: Undated # Pages: 5
Notary Name: MICHELLE L. SANTOS Circuit
Doc. Description: Contract Modification
Form

Michelle L. Santos 09-29-2021
Notary Signature Date

NOTARY CERTIFICATION

