

STATEMENT OF ATTESTATION FOR INTERNET POSTING

I, Marc S. Yamamoto, Procurement & Supply Specialist IV
(Name) (Title)

of the Department of Public Safety, do attest that in
(Agency)

(Check appropriate statement)

Chapter 103D, HRS
compliance with Section 3-122-16, Hawaii Administrative Rules, the attached
procurement notice was posted to the State & County Procurement Notice System
(PNS) Website, [<http://www4.hawaii.gov/bidapps/>]

Chapter 103F, HRS
compliance with Procurement Circular No. 2003-04, dated May 9, 2003, the attached
procurement notice was posted to the State & County Procurement Notice System
(PNS) Website, [<http://www4.hawaii.gov/bidapps/>]

on April 5, 2007.
(Date(s))

Marc S. Yamamoto
(Signature)

4/5/07
(Date)

Attached: Procurement notice

April 5, 2007

REQUEST FOR PROPOSALS

RFP NO. PSD 07-HCD-24

NURSING SERVICES

OAHU, HAWAII, MAUI and KAUAI

The Department of Public Safety, Health Care Division, is requesting proposals from qualified applicants to provide nursing services to inmates detained in the State's correctional institutions. The contract term will be for a one-year period commencing on the date indicated on the Notice to Proceed with the option to extend for not more than four (4) additional twelve-month periods upon mutual agreement in writing. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before May 7, 2007, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on May 7, 2007, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Health Care Division will conduct a non-mandatory orientation meeting on April 17, 2007 from 11:00 a.m. to 12:00 p.m., HST, at 919 Ala Moana Blvd., Room 404, Honolulu, Hawaii.

The deadline for submission of written questions is 4:30 p.m. HST on April 24, 2007. All written questions will receive a written response from the State by April 27, 2007.

Inquiries regarding this RFP should be directed to the RFP Contact Person, Marc Yamamoto at 919 Ala Moana Blvd., Room 413, Honolulu, Hawaii 96814 or may be made by facsimile to (808) 587-1244.



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

ALTRES STAFFING, INC.

was incorporated under the laws of the State of Hawaii on 09/29/1998 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: September 25, 2007

Laurence M. Rejzert

Director of Commerce and Consumer Affairs



STATE OF HAWAII — DEPARTMENT OF TAXATION
TAX CLEARANCE APPLICATION
PLEASE TYPE OR PRINT CLEARLY

1. **APPLICANT INFORMATION:** (PLEASE PRINT CLEARLY)

Applicant's Name ALTRES Staffing, Inc.
Address 967 Kapiolani Blvd
City/State/Zip Code Honolulu, HI 96814
DBA/Trade Name _____

2. **TAX IDENTIFICATION NUMBER(S):** (Complete applicable ID numbers)

HAWAII TAX ID # W _____
FEDERAL EMPLOYER ID # (FEIN) _____
SOCIAL SECURITY #(SSN) _____

3. **APPLICANT IS A/AN:** (CHECK ONLY ONE BOX)

- CORPORATION
- INDIVIDUAL
- LIMITED LIABILITY COMPANY
- Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN _____
- Subsidiary Corporation; enter parent corporation's name and FEIN _____
- S CORPORATION
- PARTNERSHIP
- LIMITED LIABILITY PARTNERSHIP
- TAX EXEMPT ORGANIZATION
- ESTATE
- TRUST

4. **THE TAX CLEARANCE IS REQUIRED FOR:**

- CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII *
- REAL ESTATE LICENSE
- FINANCIAL CLOSING
- HAWAII STATE RESIDENCY
- SUBCONTRACT
- LIQUOR LICENSE *
- CONTRACTOR LICENSE
- PROGRESS PAYMENT
- FEDERAL CONTRACT
- OTHER _____
- BULK SALES**
- PERSONAL
- LOAN

* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.

** ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER

5. **NO. OF CERTIFIED COPIES REQUESTED:** 10

6. **SIGNATURE:**

Clark W. Halloran	Secretary		
PRINT NAME	PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor		
<i>Clark W. Halloran</i>	7/26/07	(808) 591 - 4964	(808) 591 - 8042
SIGNATURE	DATE	TELEPHONE	FAX

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII
IF APPLICABLE
10/01/98

HAWAII RETURNS FILED
IF APPLICABLE
20____ 20____ 20____

STATE APPROVAL STAMP

State of Hawaii
APPROVED
per *[Signature]*
JUL 26 2007
Department of Taxation

*IRS APPROVAL STAMP

APPROVED
JUL 26 2007
per *[Signature]* 99-00173
CERTIFIED COPY STAMP

W & I HONOLULU
This copy is acceptable as
a substitute for the original
tax clearance certificate issued.
Robert L. Drury
Internal Revenue Service

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**
PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.
SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
FORM LIR#27 APPLICATION FOR
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR

1. APPLICANT INFORMATION: (Please Type or Print Clearly)

Applicant's Business Name: ALTRES STAFFING INC
Address: 967 Kapiolani Blvd. City: Honolulu State: HI Zip Code: 96813
DBA/Trade Name: ALTRES Medical

* Business name must be the same name submitted with the applicant's bid or proposal.

2. IDENTIFICATION NUMBER(S): (Complete Applicable ID Numbers)

State Department of Labor Unemployment Insurance ID#: [Redacted] Federal Employer ID# (FEIN): [Redacted]

3. EMPLOYERS: If you have a State Department of Labor Unemployment Insurance ID#, please skip question 3 only:

Do you currently have employee(s) working in the State of Hawaii? [] Yes [] No
Do you plan to have employee(s) work in the State of Hawaii? [] Yes [] No

SEE INSTRUCTION SHEET FOR FILING INSTRUCTIONS. Failure to provide above required information on this application will result in a denial of this request. Unsigned applications will not be processed.

4. SIGNATURE:

Signature: Clark W. Halloran Date: 9/25/2007 Telephone No.: (808) 591-4964 Fax No.: (808) 591-8042
Print Name: Clark W. Halloran PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor
Email Address: clark.halloran@altres.com Secretary

NOTE: If this application is stamped "PENDING", another LIR#27 must be submitted when employees are performing services in the State to determine compliance with the State of Hawaii labor laws. Approval constitutes a certificate of compliance with labor laws based on information available to the Department as of the approval date.

THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.
Facsimiles and copies of this approval form are proof of compliance.

OFFICE USE ONLY
APPROVED
Signature: [Signature] Administrator
Initials: mc Date: 9/25/07

This certificate is valid for SIX (6) MONTHS from the approval date.

vendors.ehawaii.gov

PRODUCER
Diversified Insurance Brokers
of Utah
136 E. South Temple, Ste 2300
Salt Lake City UT 84111
Phone: 801-325-5000 Fax: 801-532-2804

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
ALTRES Staffing, Inc.
dba: ALTRES Medical
Attn: Kerry Kopp
967 Kapiolani Blvd.
Honolulu HI 96814

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: National Union Fire Insurance	19445
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	[REDACTED]	11/01/06	11/01/07	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Ded \$50,000				PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> Professional Liab				GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				Emp Ben	1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)	\$				
<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Evidence of General Liability, Professional Liability coverage for employees of ALTRES Staffing, Inc. dba: ALTRES Medical. The state of State of Hawaii, Department of Public Safety, is added as an additional insured in respect to operations performed for the State of Hawaii.

CERTIFICATE HOLDER

STAHAWI

State of Hawaii
Department of Public Safety
PPB-Purchasing Contracts Staf
919 Ala Moana Blvd, Room 413
Honolulu, HI 96814

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

SENTATIVE

NOTEPAD:

INSURED'S NAME ALTRES Staffing, Inc.

ALTRE-2
OPID KBPAGE 2
DATE 10/03/07

The insurance shall not be canceled, limited in scope of coverage or non-renewed until after 30 days written notice has been given to the State of Hawaii Department of Public Safety, PPB Office, 919 Ala Moana Boulevard, Room 413, Honolulu, Hawaii 96814.

It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with insurance provided by this policy.