

STATE OF HAWAII
 NOTICE OF AND REQUEST FOR
RESTRICTIVE PURCHASE OF SERVICE
 PURSUANT TO §103F-403, HRS

'11 NOV -7 P2:56

STATE PROCUREMENT OFFICE
 STATE OF HAWAII

To: Chief Procurement Officer

From: Health/Developmental Disabilities Division/Disability Supports Branch
Department/Division/Branch or Office

Pursuant to §103F-403, HRS, and Chapter 3-144, HAR, the department head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

1.	Title and description of health and human service(s):	The Disability Supports Branch is requesting to extend the term of the previously approved SPO-H 500 for the contract cited below. The contract was executed on July 27, 2011 and has an end date of September 30, 2011. This will allow the contractor time to fulfill the terms of their contract.	
2.	Provider Name and Address:	The Rehabilitation Hospital of the Pacific 226 N. Kuakini Street Honolulu, HI 96817	
3.	Total Contract Funds:	\$118,140	-0- <i>ch ulalu</i>
	Contract Funds per Year (if applicable):	\$0.00	
4.	RH No. of Previous Request for this Service (if applicable)	RH No. 11-05 11/7/11 <i>ch ulalu</i>	
5.	Term of Contract:	Start: October 4, 2011	End: July 26, 2012
<p>If the contract term is longer than 1 year, provide justification for the extended term: Although the original SPO-H 500 request indicated a start date of November 3, 2010, the contract pertaining to this request was not executed until July 27, 2011. Therefore, the Disability Supports Branch is requesting that the contractor be given a full 12 months to fulfill the obligations of the contract.</p>			

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6. Describe the circumstances justifying a restrictive purchase:
See attached approved request. No changes in circumstances.

7. Describe the efforts and results in determining that this is the sole provider who can render services. Include approximate dates:
See attached approved request. There have been no known provider who can render the services other than The Rehabilitation Hospital of the Pacific.

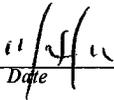
8. List state agency personnel, by position title, who will be involved in the approval process and administration of the contract:
Aaron Arakaki, Public Health Supervisor

9. Direct questions to (name & position): Aaron Arakaki, Public Health Supervisor
Phone number: 453-6294
e-mail address: aaron.arakaki@doh.hawaii.gov

I certify that the information provided above is to the best of my knowledge true and correct.

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Department Head Signature


Date

Loretta J. Fuddy,
Typed Name

NOTICE

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the aforementioned purchasing agency has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals.

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at www.spo.hawaii.gov, click *Statutes and Rules* and *Procurement of Health and Human Services*. Protests shall be hand delivered or postmarked by United States Postal Service within seven (7) days after the date this notice is first published on the internet. If hand delivered it must be submitted by 4:30 PM, Hawaii Standard Time, within seven days after day this notice is first published. Protests must be submitted to the following procurement officer **and** head of the purchasing agency:

Procurement Officer for this Procurement

Christie Ferreira
Developmental Disabilities Division
2201 Waimano Home Road
Pearl City, HI 96782

Head of Purchasing Agency

Loretta J. Fuddy, A.C.S.W., M.P.H.
Department of Health
1250 Punchbowl Street
Honolulu, HI 96813

Protest forms and instructions are on the web at: www.spo.hawaii.gov, click *Health and Human Services, Chapter 103F...* and *Forms for Private Providers*. Questions should be directed to the contact person noted in item 9 of the request.

Published: NOV - 9 2011

FOR CHIEF PROCUREMENT OFFICER USE ONLY

Chief Procurement Officer's Comments:

This approval is for the period 11/07/11 to 07/26/12. The previous approval, RH No. 11-05, expired on 09/30/11. If services were provided during the period 10/01/11 to 11/06/11 that would constitute a procurement violation and form SPO-016 should be submitted for this period. This award is required to be posted on the Awards Reporting System.

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APPROVED DISAPPROVED NO ACTION


Chief Procurement Officer Signature

11/21/2011
Date

Please ensure adherence to applicable administrative requirements.



Solicitation Number: RH No. 12-05

Department: State Procurement Office

County/Island(s): Statewide

Category (Select One): Health and Human Services

Publication Date: 11/09/2011

Due Date: 11/16/2011 - 14:40PM HST

Solicitation Number: RH No. 12-05

Description: Notice of request for restrictive purchase of services for the Department of Health, Developmental Disabilities Division. Prevention of traumatic brain and spinal cord injuries among Hawaii's school age children and youth through education

Contact Name: Aaron Arakaki

Phone Number: 808-453-6294

E-mail Address: aaron.arakaki@doh.hawaii.gov

Comments: This request is a no cost extension to approved request RH No. 11-05.

IFB/RFP/RFI,
Professional Svcs., etc. rh12_05.pdf
documents:

Pre-Bid / Pre-Proposal / Orientation Conference

Conference Scheduled:

Date/Time:

Address:

City:

Zip Code:

Additional Info:

Addenda

Amended:

Date Last Amended: