

**NOTICE OF AND REQUEST FOR EXEMPTION  
FROM CHAPTER 103F, HRS**

ADMINISTRATION  
STATE PROCUREMENT OFFICE  
STATE OF HAWAII

To: Chief Procurement Officer

From: Dept. of Labor & Industrial Relations/Office of community Services  
*Department/Division/Branch or Office*

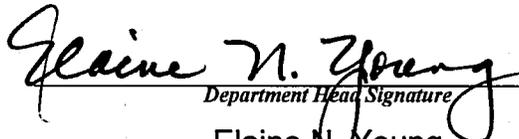
Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s):	
The Commodity Supplemental Food Program (CSFP) works to improve the health of low-income elderly people at least 60 years of age by supplementing their diets with nutritious United States Department of Agriculture (USDA) foods.	
2. Provider Name and Address:	Hawaii Foodbank, Inc. (HFB) 2611 Kilihau Street Honolulu, Hawaii 96819
3. Total Contract Funds:	\$132,803
Contract Funds per Year (if applicable):	
4. Reference number of Previous Request for this Service (if applicable):	N/A
5. Term of Contract:	Start: <del>4/1/15</del> 4/1/15 <i>cyh</i> End: 9/30/15
6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:	The initial proposal was made in 2010 with Oahu and kauai as part of the initial pilot year, but Hawaii was not funded at that time. For this first year of implementation we were allotted 2400 units only and given a short turn around time for program execution. Therefore we are only including the Hawaii Foodbank, Inc. in the first year based on our current approved CSFP State Plan that names Hawaii Foodbank, Inc. on Oahu as the only service provider. With such a short turn around time for program implementation is was not practicable to procure due to time constraints.
7. Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:	The Hawaii Foodbank, Inc. was named as the sole service provider in the pilot year of the program because it is the main food distribution point on Oahu. Because of the shorter program period it was not practicle to procure. If this pilot program is successful we will be able to expand state-wide in the future through an open competitive procurement process.

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8.	Describe the state agency's internal controls and approval requirements for the exempted procurement: Currently the state is required to monitor and conduct yearly risk assessments of the service provider.
9.	List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Norman Ahu, Acting Executive Director Denise M. Pierson, Program and Evaluation Administrator
10.	Direct questions to (name & position): Denise M. Pierson, Program & Evaluation Administrator, Procurement Officer  Phone number: (808) 586-8675  e-mail address: Denise.m.pierson@hawaii.gov

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

  
\_\_\_\_\_  
*Department Head Signature*  
Elaine N. Young  
\_\_\_\_\_  
*Typed Name*

3/18/15  
\_\_\_\_\_  
*Date*

**NOTICE**

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Sarah Allen, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

**Chief Procurement Officer's Comments:**

It is understood that this is a pilot program and if successful, pending availability of funds and timeframe, services will be competitively procured in the future. This approval is for the procurement process only. Service provider is required to be compliant with applicable laws and provide proof of compliance, if applicable. This award is required to be posted on the Awards Reporting System.

If there are any questions, please contact Corinne Higa at 587-4708, or [corinne.y.higa@hawaii.gov](mailto:corinne.y.higa@hawaii.gov).

APPROVED     DISAPPROVED     NO ACTION

  
\_\_\_\_\_  
*Chief Procurement Officer Signature*

4/10/15  
\_\_\_\_\_  
*Date*

Please ensure adherence to applicable administrative requirements.