



STATE PROCUREMENT OFFICE
NOTICE & REQUEST FOR SOLE SOURCE

13 MAY 29 P1:20

STATE PROCUREMENT OFFICE
STATE OF HAWAII

TO: Chief Procurement Officer
FROM: Maui District Health Office
Name of Requesting Department

Pursuant to HRS §103D-306 and HAR chapter 3-122, Subchapter 9, the Department requests sole source approval to purchase the following:

1. Describe the goods, services, or construction to be procured.
Mr. Yap is providing groundskeeping and building maintenance services for the Irwin Health Center on Molokai. This includes weeding, mowing and watering the lawn; trimming, sweeping and mopping the building; cleaning building windows, etc.

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| 2. Vendor/Contractor/Service Provider Name: Samuel Yap | 3. Amount of Request: \$7,680.00 |
| 4. Term of contract (shall not exceed 12 months), if applicable: From: 1-Jul-13 To: 30-Jun-14 | 5. Prior SPO-001, Sole Source (SS) No.: |

6. Describe in detail the following:
a. The unique features, characteristics, or capabilities of the goods, service or construction.
The Irwin Health Center is located in Pukoo which is an 45 minutes drive from Kaunakakai on the East end of Molokai. It is away from the main town on Molokai and therefore harder to get landscaping services in that area.
b. How the unique features, characteristics or capabilities of the goods, service or construction are essential for the department
Without the ongoing landscape and janitorial maintenance service by Samuel Yap at the Irwin Health Center, the building could be infested with rats, birds and other rodents with droppings which would cause a health problem in the area. There is a nearby river which helps contribute to the potential problems with mosquitoes so constant maintenance in and around the area is a must.

7. Describe the efforts and results in determining that this is the only vendor/contractor/service provider who can provide the goods, services or construction.

The Department has tried to solicit vendors to submit quotes by word of mouth, Craigslist, etc, but there were not takers.

8. Alternate source. Describe the other possible sources for the goods, services, or construction that were investigated but did not meet the department's needs.

We have tried looking at the local yellow pages in the telephone book but no vendors were considered.

9. Identify the primary responsible staff person(s) conducting and managing this procurement. (Appropriate delegated procurement authority and completion of mandatory training required.)

*Point of contact (Place asterisk after name of person to contact for additional information).

| Name | Division/Agency | Phone Number | E-mail Address |
|---------------------------|--------------------------|--------------|--------------------------------|
| Brian Takahashi <i>Bz</i> | Maui District Health Ofc | 984-8208 | brian.takahashi@doh.hawaii.gov |
| | | | |

Department shall ensure adherence to applicable administrative and statutory requirements, including HAR chapter 3-122, Subchapter 15, Cost or Pricing Data if required.

All requirements/approvals and internal controls for this expenditure is the responsibility of the department.

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



Department Head Signature

4/28/13

Date

For Chief Procurement Officer Use Only

Date Notice Posted: 5/30/13

Submit written objection to this notice to issue a sole source contract within seven calendar days or as otherwise allowed from date notice posted to:

state.procurement.office@hawaii.gov

Chief Procurement Officer (CPO) Comments:

This request is disapproved as it does not fulfill the statutory requirements of a sole source and the department acknowledges Samuel Yap is not a sole source vendor. Department should utilize the appropriate method of procurement.

If there are any questions, please contact Stanton Mato at 586-0566, or stanton.d.mato@hawaii.gov.

Approved

Disapproved

No Action Required

Adam J. Yap 6/3/2013
Chief Procurement Officer Signature Date