

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

15 JUL 22 A8:20

To: Chief Procurement Officer

ADMINISTRATION  
 STATE PROCUREMENT OFFICE  
 STATE OF HAWAII

From: Health/Director's Office/Developmental Disabilities Council  
*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 Donated Dental Services program provides comprehensive dental services for individuals who are elderly, individuals with a disability or individuals who are medically compromised. The program recruits dentists and dental laboratories to volunteer their services and supplies to provide comprehensive dental services to the target population.	
2.	Provider Name and Address:	National Foundation of Dentistry for the Handicapped, Dental Lifeline -HI 1800 15th Street, Suite 100 Denver, Colorado 80202	
3.	Total Contract Funds:	\$48,684	
	Contract Funds per Year (if applicable):	\$24,342	
4.	RH No. of Previous Request for this Service (if applicable)	14-02	
5.	Term of Contract:	Start: July <sup>22</sup> <del>4</del> , 2015	End: June 30, 2017
<p>If the contract term is longer than 1 year, provide justification for the extended term:          The 2015 Legislature appropriated funds for the next two years for FY 2015-2016 and FY 2016-2017 pursuant to Item E-22, Act 119, 2015 HSL ____</p>			



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

Virginia Pressler JUL 21 2015  
*Department Head Signature* *Date*

Virginia Pressler, M.D.  
*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](http://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**  
Waynette K.Y. Cabral  
Department of Health, State Council  
on Developmental Disabilities  
919 Ala Moana Blvd., #113  
Honolulu, Hawaii 96814

**Head of Purchasing Agency**  
Virginia Pressler, M.D.  
Department of Health  
1250 Puncbowl Street, Room 326  
Honolulu, Hawaii 96813

Protest forms and instructions are on the web at: [www.spo.hawaii.gov](http://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:* JUL 22 2015

**FOR CHIEF PROCUREMENT OFFICER USE ONLY**

Chief Procurement Officer's Comments:

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This approval is for the procurement process only. The service provider is required to be compliant with applicable laws, and verified on the Hawaii Compliance Express, if applicable. This award is required to be posted on the Awards Reporting System.

If there are any questions, please contact Corinne Higa at 587-4706 or corinne.y.higa@hawaii.gov.

APPROVED     DISAPPROVED     NO ACTION

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

8/3/15  
\_\_\_\_\_  
Date

Please ensure adherence to applicable administrative requirements.



# Solicitation Number: RH 16-01

ID: 5808

Posted by: Corinne Higa

Department: State Procurement Office

County/Island(s): Statewide

Category (Select One): Health and Human Services

Publication Date: 07/22/2015

Due Date: 07/29/2015 - 16:30PM HST

Solicitation Number: RH 16-01

Description: Notice of Restrictive Purchase of Service. Comprehensive dental services for individuals who are elderly, individuals with a disability, or individuals who are medically compromised.

Contact Name: Waynette Cabral

Phone Number: 808-586-8100

E-mail Address: [waynette.cabral@doh.hawaii.gov](mailto:waynette.cabral@doh.hawaii.gov)

Comments:

IFB/RFP/RFI,  
Professional Svcs., etc. rh16\_01.pdf  
documents:

## Pre-Bid / Pre-Proposal / Orientation Conference

Conference Scheduled:

Date/Time:

Address:

City:

Zip Code:

Additional Info:

## Addenda

Amended:

Date Last Amended: