EX- 07-001

HAWAII HEALTH SYSTEMS CORPORATION NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

1. TO: Chief Procurement Officer

2 FROM: Maui Memorial medical Center

Department/Division/Agency Pursuant to §103D-102(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procurement	t exemption to purchase the following:
3. Description of goods, services or construction:	
Complete Bed Maintenance.	
4. Name of Vendor:Hill-Rom	s. Price:
one of a ward out Marin CA 00402	\$260,000.00
Address: 817, 4th Street, #310, Santa Monica, CA 90403	
	7. Prior Exemption Ref.
6. Term of	No.
Contract: From: Date of signatures To:	
8. Explanation describing how procurement by competitive means is	either not practicable or
advantageous to the State:	•
MMMC purchases equipment from various vendors who are able to meet the ver-	y specialized needs of the health care
industry. These specialized purchases require Technichians to be certified to per	formand services on equipment. All
replacements parts can only be purchased through Hill-Rom to support such warr vendor would be advantageous to HHSC on cost as they are a participant of the G	Property repair time, and patient safety as
only manufactor replacement parts should be used. The standard procurement pro	ocess would not be practicable for services on
existing equipment for maintenance, an exemption would allow for continued hig	th quality care on exsiting equipment.
9. Details of the process or procedures to be followed in selecting th	e vendor to ensure maximum fair
and open competition as practicable:	
The term of the exemption will be for a three (3) year period at which time the ho	spital will re-evalante the equipment and the
different options to determine if any other vendor could provide such maintenanc Based on available information and research the best procurement practice will be	e completed.
Dasca dii avaitable imolimation and tesseaten ine east productive pressure	
10. A description of the agency's internal controls and approval requi	irements for the exempted
procurement:	in the same and th
This exemption shall be from HRS, Section 103-302; all other guidelines, r	ules and policies under Chapter 103D shall
be upheld.	
HHSC Polices and procedures will be followed and periodic reviews of contr	ract action will be completed.

11. A list of agency personnel, by position, who will be involved in the approval process and		
administration of the c	outset.	1
Name	Position	Involvement in Process
	CEO	X Approval Administration
Wesley Lo	CFO	Approval X Administration
Patrick Saka	Director	Approval X Administration
Howard Ikeda	Director	Approval Administration
		Approval Administration
		Approval Administration
<u> </u>		Approve
	Department: Contracting	
12. Direct inquiries to:	Contact Name: Nancy Delima	
/z. Dhou majama	Phone Number: 808-243-3091	
	Fax Number: 808-442-5462	
Agency shall ensure adherence to applicable administrative and statutory requirements		
	formation provided above is, to t	the best of my knowledge, true and correct.
13. I certify that the in		
13. I certify that the in	•	
13. I certify that the in	•	1/24/07
of for		
Department Head (Print:		1/24/07
of for		<u>1/24/07</u> Date
of for		<u>1/24/07</u> Date
Department Head (Print:	PNIUCK 974A	Date 14 Date Notice Posted 1-25-0-7
Department Head (Print:	of reviewing this request for exemption	Date 14 Date Notice Posted 1-25-0-7 a from Chapter 103D, HRS. Submit written objections to
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