EX 07-009

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 I	Department requests a procurement exemption to	purchase the following:		
3. Description of goods, services or construct				
To provide a Institutional Chaplain to manag	e and coordinate all pastoral/mir	nistry services at Maui		
Memorial Medical Center (MMMC). Service	es shall include confidential cour	seling, advise and support		
to patients and their families concerning patie	ents' religious needs.			
		,		
4. Name of Vendor: Pacific Healthy Ministry.		5. Price:		
and river		Approximately \$ 200,000		
Address: 1245 Young Street, 2 nd Floor Honolulu, Hawaii 96814		per year		
		7. Prior Exemption Ref.		
6. Term of	To: One Veer Uner empreyed	No.		
Contract: From:	To: One Year Upon approval			
8. Explanation describing how procurement by competitive means is either not practicable or				
advantageous to the State:		- 221		
Pacific Health Ministry (PHM) was develope				
churches and temples as well as community				
multicultural, multi-religious assistance. Other	er options were researched by ad	frationts and he available		
determined that no other vendor was able to a 24 hour's a day. PHM provides similar servi				
9. Details of the process or procedures to be f				
and open competition as practicable:	ono , ou in serooming in contact	20 0110 112 0 1110 1121 1121 1121 1121		
During the term of the exemption Maui Mem	norial Medical Center will again	research it's options and		
resources and if it is determined that other re-				
pubished and the best procurement practice v	vill be completed.			

<u>-</u>	e agency's internal controls and appr	ovai requirements for the exempted
procurement:	111 C IIDC C. die 102 202 c	11 -they avidalines rules and nalisies under
This exemption sh	iall be from HRS, Section 103-302 a	all other guidelines, rules and policies under
		cedures will be followed and periodic reviews
of contract action	will be completed.	
A list of agency net	rsonnel, by position, who will be inv	rolved in the approval process and
administration of the		or, our many approximation of the control of the co
Name	Position	Involvement in Process
Wesley Lo	Regional Chief Executive (Officer X Approval Administration
Pat Saka	Regional Chief Financial C	
t at oana		Approval Administration
	Department: Contract Manager	
	Contact Name: Nancy Delima	
12. Direct inquiries to:	Phone Number: 808-243-3091	
	Fax Number: 808-442-5462	
A	annua adharana ta annliashla adm	1 1 4 3 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Agency snan	ensure adherence to applicable adm	ninistrative and statutory requirements
		best of my knowledge, true and correct.
	formation provided above is, to the	
13. I certify that the in	formation provided above is, to the	
	formation provided above is, to the	best of my knowledge, true and correct. 2/21/01 Date
13. I certify that the in	formation provided above is, to the cov/CB ARTRICK FAVED)	best of my knowledge, true and correct. 2/27/01 Date ee Use Only
13. I certify that the in	formation provided above is, to the cov/CB ARTRICK FAVED)	best of my knowledge, true and correct. 2/21/01 Date
Department Head (Print:	formation provided above is, to the CTV/CFS PATEICK PAPA) Reserved for CPO/Deleg	best of my knowledge, true and correct. 2/21/01 Date ee Use Only 14 Date Notice Posted 2-28-07
Department Head (Print:	formation provided above is, to the CTU/CPS (ATRICK SAPA) Reserved for CPO/Delege of reviewing this request for exemption from	best of my knowledge, true and correct. 2/21/01 Date ee Use Only 14 Date Notice Posted 2-28-07 om Chapter 103D, HRS. Submit written objections to
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