

**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 exemption to purchase the following:

3. Description of goods, services or construction: Provide on-site shredding of confidential materials.	
4. Name of Vendor: SHREDEX CDR Address: 922-C Austin Lane Honolulu, Hawaii, 96817	5. Price: \$200,000.00
6. Term of Contract: From: Date of signatures To: 2 years	7. Prior Exemption Ref. No.
8. Explanation describing how procurement by competitive means is either not practicable or advantageous to the State: The vendor is the only bonded/secured mobile vehicle source available on the Island of Maui who can provide shredding of confidential documents. The requirement that the vendor be bonded is necessary to maintain compliance with JACHO, the Federal Privacy Act, and HIPAA. This vendor has provided services in the past, is familiar with the Hospital policy and procedures, physical location of the different departments and would thus be the most advantageous for the Hospital .	
9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition as practicable: The term of the exemption will be for a two (2) year period. The hospital will re-evalaute services in the community and other possibilities to determine if any other vendor could provide such services. Based on available information and research the best procurement practice will be completed .	
10. A description of the agency's internal controls and approval requirements for the exempted procurement: This exemption shall be from HRS, Section 103-302. All other guidelines, rules and policies under Chapter 103D shall be upheld. HHSC Polices and procedures will be followed and periodic reviews of contract action will be completed.	

11. A list of agency personnel, by position, who will be involved in the approval process and administration of the contract:

Name	Position	Involvement in Process	
Wesley Lo	CEO	<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Administration
Patrick Saka	CFO	<input type="checkbox"/> Approval	<input checked="" type="checkbox"/> Administration
Paul Harper	Administration	<input type="checkbox"/> Approval	<input checked="" type="checkbox"/> Administration
		<input type="checkbox"/> Approval	<input type="checkbox"/> Administration
		<input type="checkbox"/> Approval	<input type="checkbox"/> Administration
		<input type="checkbox"/> Approval	<input type="checkbox"/> Administration

12. Direct inquiries to: Department: Contracting
 Contact Name: Nancy Delima
 Phone Number: 808-243-3091
 Fax Number: 808-442-5462

Agency shall ensure adherence to applicable administrative and statutory requirements

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

Department Head (Print: _____)

Date

5/22/07

Reserved for CPO/Delegee Use Only

14. Date Notice Posted 6-1-07

The CPO is in the process of reviewing this request for exemption from Chapter 103D, HRS. Submit written objections to this notice to issue an exemption from Chapter 103D, HRS, within seven (7) calendar days or as otherwise allowed from the above posted date to: Chief Procurement Officer, HHSC, 3675 Kilauea Ave., Honolulu, Hawaii 96816

Chief Procurement Officer's comments:

15. APPROVED DISAPPROVED

NO ACTION REQUIRED

[Signature] 06/14/07
Chief Procurement Officer Date