1. TO: Chief Procurement Officer
2. FROM: HHSC – Corporate Contracts
   Department/Division/Agency

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

3. Description of goods, services, or construction:

Emergency ground transportation Advanced Life Support (ALS) and Basic Life Support (BLS) services for HHSC facilities located on Kauai, Oahu, Maui and Hawaii.

4. Vendor Name: American Medical Response
   Address: 99-840 Iwaiwa Street
   Aiea, HI 96701

5. Price: $260,000

6. Term of Contract: From: 3/1/15 To: 2/28/16

7. Prior Sole Source Ref No. SS-002

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:

No other Vendor is able to provide ALS and BLS services to all the islands where HHSC facilities exist.

9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work:

In order to provide the best care for HHSC patients during transport to a hospital emergency room, an ambulance is required that is staffed with specialty trained medical personnel who can manage a patient’s medical condition while en route. No other vendor other than American Medical Response has the resources and specialized knowledge to provide these services at this time.

10: Sole Source No. SS-004
11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because: There are no other sources. The only emergency transport service is Air-Med International, LLC which is used for air lifting patients to hospitals.

12. Direct any inquiries to:
   Department: Corporate contracts
   Contact Name/Title: Dawn Hirakawa, Contract Manager I

13. Phone Number:
    733-4170
    Fax Number:
    733-4460

Expenditure may be processed with a purchase order: □ Yes □ No If no, a contract must be Agency shall ensure adherence to applicable administrative and statutory requirements.

14. I certify that the information provided above is to the best of my knowledge, true, correct and that the goods, services, or construction are available through only one source.

   [Signature]
   Department Head (sign and print name)
   2-12-15
   Date

15. Date Notice Posted: ____________________

Submit written objections to this intent to issue a sole source contract within seven calendar days or as otherwise allowed from the above posted date to: Chief Procurement Officer

   HHSC
   3675 Kilauea Ave.
   Honolulu, Hawaii 96816

16. Chief Procurement Officer comments:

   [Signature]

17. □ APPROVED □ DISAPPROVED

   □ NO ACTION REQUIRED
   Chief Procurement Officer Date

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