

**HAWAII HEALTH SYSTEMS CORPORATION  
NOTICE & REQUEST FOR SOLE SOURCE**

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: <u>3/1/15</u> To: <u>2/28/16</u> (mm/dd/yyyy)	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.	

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.*

  
Department Head (sign and print name)

2-12-15

Date

Reserved for CPO/Delegee Use Only

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:

17.  APPROVED  DISAPPROVED

NO ACTION REQUIRED

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

\_\_\_\_\_  
Date