

**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:

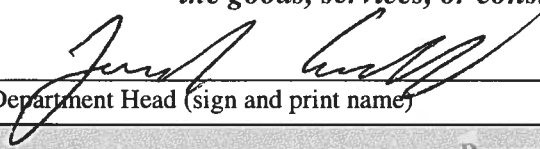
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| 3. Description of goods, services, or construction: Emergency ground transportation Advanced Life Support (ALS) and Basic Life Support (BLS) services for HHSC facilities located on Kauai, Oahu, Maui and Hawaii. | |
| 4. Vendor Name: American Medical Response Address: 99-840 Iwaiwa Street Aiea, HI 96701 | 5. Price: \$225,000 |
| 6. Term of Contract: From: <u>3/1/16</u> To: <u>2/28/17</u> (mm/dd/yyyy) | 7. Prior Sole Source Ref No. <u>SS-003</u> |
| 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 other emergency transport service was Air-Med International, LLC and that's for air lifting patients, not ground.

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| 12. Direct any inquiries to: Department: <u>Fiscal/Corporate Contracts</u> Contact Name/Title: Dawn Hirakawa, Contract Manager | 13 Phone Number: <u>733-4170</u> Fax Number: 733-4460 |
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Expenditure may be processed with a purchase order: Yes No If no, a contract must be executed
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.*

 _____ 2-4-16
Department Head (sign and print name) 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