

STATE PROCUREMENT OFFICE NOTICE OF AMENDMENT TO SOLE SOURCE CONTRACT

| 1. TO: | Head of Purchasing Agency | | | | | |
|--|--|---|--|--|--|--|
| 2.FROM: | Alice Hall, Director of Con Department/Division/Agency | tract Management | | | | |
| | Contractor: FIRMCO Medical, Inc rce Reference Number: SS05-04 | s. Contract Number: | | | | |
| 6 Descrip | tion of goods, services, or cons | | | | | |
| rental of a | ventilator. | | | | | |
| | | | | | | |
| | | | | | | |
| 7. Approva Revis | l to amend is submitted in order to se the scope of services for the con | tract as follows: | | | | |
| 1 | | | | | | |
| | e contract price by 10 % or more: | Original Contract Price: \$11,000.00 Amended Contract Price: \$11,000.00 | | | | |
| 8. Reason: This / These amendment(s) are necessary because: Withdrawing sole source request since this could have been accomplished thru a small purchase procedure. | | | | | | |
| e. Direct o | questions to: Alice Hall | Phone: 733-4168 | | | | |
| Agency shall ensure adherence to applicable administrative and statutory requirements. | | | | | | |
| Agency s | hall ensure adherence to applic | able administrative and statutory requirements. | | | | |
| | uant to § 103D-306, HRS, and | IS 3-122-82, HAR, I certify that the information provided above is, to | | | | |
| 10. Pur s | uant to § 103D-306, HRS, and the b | | | | | |
| 10. Purs | tuant to § 103D-306, HRS, and the be | IS 3-122-82, HAR, I certify that the information provided above is, to | | | | |
| 10. Pur s | tuant to § 103D-306, HRS, and the be | IS 3-122-82, HAR, I certify that the information provided above is, to | | | | |
| 10. Purs | tuant to § 103D-306, HRS, and the be | IS 3-122-82, HAR, I certify that the information provided above is, to est of my knowledge, true and correct 3/23/04 Date | | | | |
| 10. Purs Objective: | the but Head | 1 § 3-122-82, HAR, I certify that the information provided above is, to est of my knowledge, true and correct 3/23/04 Date Date | | | | |
| Departme | the but Head | IS 3-122-82, HAR, I certify that the information provided above is, to est of my knowledge, true and correct 3/23/04 Date | | | | |
| Department 12. Submit allower | the best street of the best stre | 11. Date Notice Posted: Tamendment to Sole Source Contract within seven calendar days or as otherwise Head of Purchasing Agency 3675 Kilauea Ave. Honolulu, Hawaii 96816 | | | | |
| Department 12. Submit allower | the beat the state of the state | 11. Date Notice Posted: Tamendment to Sole Source Contract within seven calendar days or as otherwise Head of Purchasing Agency 3675 Kilauea Ave. Honolulu, Hawaii 96816 | | | | |
| Department 12. Submit allower | the beat the state of the state | 11. Date Notice Posted: Tamendment to Sole Source Contract within seven calendar days or as otherwise Head of Purchasing Agency 3675 Kilauea Ave. Honolulu, Hawaii 96816 | | | | |
| Department 12. Submit allower | the beat the state of the state | 11. Date Notice Posted: Tamendment to Sole Source Contract within seven calendar days or as otherwise Head of Purchasing Agency 3675 Kilauea Ave. Honolulu, Hawaii 96816 | | | | |
| Department 12. Submit allower | the beautiful the second of the beautiful the second of the second from the above posted date to: Purchasing Agency's Comment | 11. Date Notice Posted: Tamendment to Sole Source Contract within seven calendar days or as otherwise Head of Purchasing Agency 3675 Kilauea Ave. Honolulu, Hawaii 96816 | | | | |



5505-04 Withdrawn

Submit in Duplicate

STATE OF HAWAII REQUEST FOR SOLE SOURCE

| TO: Chief Procurement Officer | |
|---|-------------------------------|
| FROM: HHSC - Hilo Medical Center (Occurrent/Division/Agency) | |
| Pursuant to \$103D-306, HRS, and Subchapter 9, Chapter 3-122, HAR, the Department approval to purchase the following: | nt requests sole source |
| Description of goods, services, or construction: | |
| As used reptal of LTV1000 Ventilator. | |
| | |
| | , |
| ' | |
| ` | |
| · | |
| | |
| | |
| | <u> </u> |
| Name of Vendor: FIRMCO Medical, Inc. | Lost: |
| Address: PO Box 57588 | TE: \$11,000.00 |
| Salt Lace City, UT 84157-0588 | 112: 411,000400 |
| | |
| 1 | or Sale Source Reference No.: |
| Until budgeted equipment is purchased and put into svc. | |
| The goods, services, or construction has the following unique features, characteristic | s or canabilities: |
| | • |
| FIRMCO is the only vendor who is willing to work with Hilo allowing facility to have a ventilator on-site for as need | |
| charges for the machine unless it is put into service on a | |
| All other vendors contacted charge a monthly fee regardles | s if machine is used |
| or not. | |
| | |
| | |
| | |
| | |
| , · · · · · · · · · · · · · · · · · · · | |
| | |
| • | |
| | <u> </u> |
| | |

NO 4500 P. 3/9

. mar.44. 4000 3.44FM

Submit in Duplices

REQUEST FOR SOLE SOURCE (Cont.)

| | 2 2222 | for the assess to accomplish | vite wark: | | |
|---|---|---|----------------------------------|--|--|
| How the unique features, characteristics, or espabilities are essential for the agency to accomplish its work. | | | | | |
| RT does not have enough ventilat type of equipment in their treat same make and model of other ven standardization. Having like no down, and also does not task the | ment. This LTV stillators in bot whele in bouse a | 71000 ventilator is a ise, allowing for kee allows us to keep suj | eping with | | |
| | | | | | |
| models. | | 5. 15. 24ex () | ** | | |
| | | | | | |
| The following other possible sources for the go | oda, services, or cons | struction were investigated by | n do not mest | | |
| Many DME rental companies were in willing to allow RMC to have the charge, whether the ventilator v | a vancilator on | site 24/7 without a | were monthly | | |
| Direct questions to: Darral Mosher, RT | | Phone: 974-6764 | | | |
| - | _ | | بر بالمورد بالمراق المراق المراق | | |
| I cartify that the information provided abo goods, services, or construc | ve is to the best of the tion die ovallable | through only one source. | - 1 | | |
| | (1) 844 | | -bulos | | |
| KK// | THE TOTAL | <u> </u> | 3/14/0- | | |
| HIME COO | Department I | Head of Designee | / Date | | |
| | | ٠ | | | |
| | deal stead | r thus Department Head) | | | |
| | Jane (It other | r than Department ready | • | | |
| Chief Procurement Officer's comments: | <u> </u> | | | | |
| | | | } | | |
| | | | | | |
| | | وردي | | | |
| | 140 - 1 140 - 1 | หนิทัย รถมัก 🖺 | | | |
| Picase cosure adherence to applicable administr | stive and statutory re | quirements. | , • | | |
| | , | No []. If no, a contract mus | at he | | |
| Expenditure may be processed through a purch | RESE ORGET: X ES | Mr. Tr. Tr. Mr. of Manager of trees | · | | |
| excepted and funds certified. | / 1 | Mich | 1 1/ | | |
| | . (\ \ W | N_XXXV \ | Ф¥ 103/12 | | |
| APPROVED DISAPPROVED | | | Datz / | | |
| - | | ocurement Offige | Date / P | | |

... Apr. 6. 2005 3:64PM

No.4584 P 5

Subodt in Duplicate

REQUEST FOR SOLE SOURCE (Cont.)

| | How the unique features, characteristics, or cap | abilities are essential for the agenc | y to accomplish its work: |
|----|--|--|--|
| | RT does not have enough ventilat type of equipment in their treat same make and model of other ven standardization. Having like mo down, and also does not task the models. | ment. This LTV1000 vent cilators in house, allow dels in house allows us | ilator is also of the ring for keeping with to keep supply costs |
| | The following other possible sources for the go our needs because: | ods, services, or construction were | investigated but do not meet |
| | Many DME rental companies were in willing to allow HMC to have the charge, whether the ventilator v | ventilator on site 24/7 | one of them were without a monthly |
| | Direct questions to: Darrel Mosher, RT | Phone: _ | 974-6764 |
| | I certify that the information provided abo | ve is to the best of my knowled | ge, true, correct and that the |
| 4/ | Q C | tion are available through only | 3/14/05 |
| | High too | Department Head of Design | es / Date |
| 2 | | Title (If other than Departm | om Head) |
| | Chief Procurement Officer's comments: | | |
| 15 | , | | |
| | Please ensure adherence to applicable administr | ative and statutory requirements. | |
| | Expenditure may be processed through a purch executed and funds certified. | . | , a contract must be |
| | APPROVED DISAPPROVED | Care Procurement Out | Marie Berre |
| | 1 | | |