

## 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:

<p>3. Description of goods, services, or construction:</p> <p>Emergency ground transportation Advanced Life Support (ALS) and Basic Life Support (BLS) services for HHSC facilities located on Kauai, Oahu, Maui and Hawaii.</p>
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<p>4. Vendor Name: American Medical Response Address: 99-840 Iwaiwa Street Aiea, HI 96701</p>	<p>5. Price: <u>\$490,000</u></p>
<p>6. Term of Contract: From: <u>3/1/10</u> To: <u>2/28/11</u> (mm/dd/yyyy)</p>	<p>7. Prior Sole Source Ref No. <u>SS-08-001-A</u></p>

<p>8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities:</p> <p>No other Vendor is able to provide ALS and BLS services to all the islands where HHSC facilities exist.</p>
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<p>9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work:</p> <p>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.</p>
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10: Sole Source No. \_\_\_\_\_ 11-002 \_\_\_\_\_ *JE/new contract*

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.

12. **Direct any inquiries to:**  
 Department: Corporate Contracts  
 Contact Name/Title: Dawn Hirakawa, Contracts Mgr.

13 Phone Number:  
(808) 733-4170  
 Fax Number:

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.

*[Signature]* \_\_\_\_\_ Date 10/19/10  
 Department Head (sign and print name)



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: *Make sure you document efforts made to find competition & to verify costings are fair.*

17.  APPROVED  DISAPPROVED  
 NO ACTION REQUIRED

*[Signature]*  
 Chief Procurement Officer Date 10/21/10