

EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Executive Officer
 2. FROM: Lisa Shiroma, Assistant Administrator

Pursuant to East Hawaii Region Policy, PUR 005, the Department requests sole source approval to purchase the following:

3. Description of goods, services, or construction:

Provides services for Hilo Medical Center in general operations and abstraction, project management and quality control, and consulting for cardiac and oncology services.

4. Vendor Name: Registry Partners Inc. Address: 2607 Holly Hill Street, Suite D Burlington, NC 27215	5. Price: <u>\$870,000.00</u>
6. Term of Contract: From: <u>12/1/2016</u> To: <u>12/31/2021</u> (mm/dd/yyyy)	7. Prior Sole Source Ref No. <u>N/A</u>

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

The original procurement of these services (17-0247) was done in the Fall of 2016. The contract as needed by the facility, has been extended yearly and has exceeded the threshold for a small purchase, therefore a formal Request for Sole Source is being requested.

The vendor has been providing the requested services since 2016 and has become very knowledgeable of the facilities requirements and processes. Bringing in a new vendor would cause substantial delay for the needed work and would result in additional costs to bring a new vendor "up-to-speed".

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

The vendor provides the essential services for the work requested. The facility is stating both a time and cost savings by remaining with the current vendor, verses starting over with a new vendor whose working relationship with the facility is unknown.

10: Sole Source No. 17-0247

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because:

No alternate vendors have been sought due to the cost and time savings achieved by staying with the current vendor as outlined within.

12. Direct any inquiries to:
Department: Jeff Dansdill
Contact Name/Title: Senior Contracts Manager

13 Phone Number: 932-3112

Fax Number: 933-2793

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.**

Lisa Shiroma

Lisa Shiroma

Oct 7, 2020

Department Head (sign and print name)

Date

Reserved for RCEO/Designee Use Only

15 Date Notice Posted: _____

Submit written objections to this intent to issue a sole source contract within five (5) calendar days or as otherwise allowed from the above posted date to: Regional Chief Executive Officer
East Hawaii Region
1190 Waiianuenue Ave.
Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.
 APPROVED DISAPPROVED
 NO ACTION REQUIRED

Regional Chief Executive Officer Date