EAST HAWAII REGION SS 22-0315 NOTICE & REQUEST FOR SOLE SOURCE Regional Chief Executive Officer 1. TO: Nadya Castilan 2. FROM: 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: Scrubs vending machine on each of the floors (qty. 4) Use hospital badges to determine identity Dispense scrubs Retrieve scrubs Real time reporting software Show the real-time stock of scrubs in machines Follow AORN's guidelines to better prevent and control risk of infection Provide life software assistance when needed Routine maintenance Vendor on-site roll-out support 4. Vendor Name: IPA 5. Price: 3059 Premiere Parkway Suite 200 Address: \$ Duluth, GA 30097 7. Prior Sole Source Ref 6. Term of No. From: To:. Contract: N/A (mm/dd/yyyy) 8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities: Scrubs vending machine on each of the floors (qty. 4) Use hospital badges to determine identity Dispense scrubs Retrieve scrubs Real time reporting software Show the real-time stock of scrubs in machines Follow AORN's guidelines to better prevent and control risk of infection Provide life software assistance when needed Routine maintenance Vendor on-site roll-out support

 the agency to accomplish its work: Each floor has their own machine dedicated to that floor's depar Software to generate real-time reports and predetermine usage, etc. to provide insight on utilization and inventory Follow AORN's guidelines to better prevent and control risk of ir Software assistance needed when there is possible glitches, iss Routine maintenance to maintain machines Vendor on-site roll-out support to kick-off machines to help with diagnostics (if needed) and assistance in training for employees 	d alerts for size quantity, fection ues, or concerns trouble shooting,
10: Sole Source No. SS 22-0315	
 11. Alternate source. The following other possible sources for the good investigated but do not meet our needs because: Does not ship to Hawai'i Build and ship machine, but no service or assistance for kick-off software 	
12. Direct any inquiries to:	13 Phone Number: x5629
Department: Administrative Support Department Contact Name/Title: Nadya Castilan, MA II	Fax Number:
Expenditure may be processed with a purchase order: Tes No	If no, a contract must be executed
Agency shall ensure adherence to applicable administrative at 14. I certify that the information provided above is to the best of that the goods, services, or construction are available to 1990.	f my knowledge, true, correct and
Department Head (sign and print name)	
	re
Department Head (sign and print name)	Date Notice Posted: 03/01/2022 NC within five (5) calendar days or as
Department Head (sign and print name) Control of the Control of t	Date Notice Posted: 03/01/2022 NC within five (5) calendar days or as