EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Executive Officer

2. FROM: Oli Yamada, Project Management

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: Remove and install flooring in multiple locations in the 2nd floor of the Hilo Medical Center over a set schedule for a six week duration.

4. Vendor Name: GEM Custom Floors Address: 25 Shipman, Hilo, Hawaii 96720	5. Price: $115,392.62

6. Term of
   Contract: From: 7/1/22   To:. 12/31/22
   (mm/dd/yyyy)
	7. Prior Sole Source Ref
	   No.
	                        N/A

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities: Tile selection matches style and color that has been awarded in both our Dining Hall and conference rooms on the ground floor. We require the same tile and finish throughout other areas of the Hospital.
9. Essential Features: How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work: The project is unique in the sequence of events in this contract. The 22 room unit will be turned two rooms at a in 6 week intervals. Flooring will be demoed at the 2 days of start of the renovation and new flooring will be installed in the 3 days wrapping up the 6 week duration. The process would then repeat itself 11 cycles over the span of 1 year and 3 months.

10: Sole Source No.   _____

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

The Hospital contacted CarpetIsle and Les Flooring regarding this project, who were unable to meet the parameters of this multi-phase installation required.

12. **Direct any inquiries to: Jeff Dansdill** Department: Contract Management Contact Name/Title: Contract Manager	13 Phone Number: 808-932-3112 Fax Number: 808-933-2793

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.*

Kris Wilson   May 13, 2022
_____   _____
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 Waianuenue Ave.
                               Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.
☐ APPROVED   ☐ DISAPPROVED   _____
☐ NO ACTION REQUIRED   Regional Chief Executive Officer   Date

PUR Form 005b