

EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Executive Officer
2. FROM: Nikki Paakaula -Admin Support Services Department (Management Analyst)

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:

Signs that are required to match existing standardized signs within the facilities

4. Vendor Name: Mauna Kea Signs

Address: PO Box 561 Kurtistown, Hi 96760

5. Price:

Varies- but not to exceed \$ 100,000 in total

6. Term of

Contract: From: February 1, 2024 To: December 30, 2024
(mm/dd/yyyy)

7. Prior Sole Source Ref No.

23-001

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

Mauna Kea signs is familiar with hospital requirements and ADA requirements for all clinical and non-clinical areas. We are able to save on shipping and design costs because a lot of the services are done on island and he has our signage templates already saved from previous projects. Working Mauna Kea Signs allows us to standardize signage down to style, color and finish, preventing mismatches throughout the hospital.

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

Mauna Kea Signs is familiar with the standard signage that we use here in the hospital. He has supplied us with indoor and outdoor signs at a number of our facilities, for many years. He continues to look for lower costs to match our desired finishes of the hospital and is a local vendor which allows us to have save on shipping and lead time. The turnaround time the Hospital has experienced is quicker than vendors on the mainland, which is critical for meeting the Hospital's deadlines. A consistent design is needed to avoid confusion with different signage designs. Maintenance and repairs of existing signage is timely and cost efficient as he is familiar with the signage.

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:
Takeform- because they are very expensive and not familiar with the hospital and our requirements
Creative Arts- They have a limited capacity of signage that do not match the standard style of our hospital.

12. **Direct any inquiries to:**
Department: Administrative Support Services Department
Contact Name/Title: Nikki Paakaula

13 Phone Number: 808-932-3000 ext 5435

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.***

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 Waiuanuenue Ave.
Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.
 APPROVED DISAPPROVED
 NO ACTION REQUIRED

Regional Chief Executive Officer Date