1. TO: Regional Chief Executive Officer
2. FROM: Nadya Castilan

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

Address: $\quad 3059$ Premiere Parkway Suite 200

| Duluth, GA 30097 |  |  | $\$$ |
| :--- | :--- | :--- | :--- |
| 6. Term of <br> Contract: <br> $(\mathrm{mm} / \mathrm{dd} /$ yyyy $)$ | From: | To:_ | 7. Prior Sole Source Ref <br> No. <br> N/A |

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

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

- Each floor has their own machine dedicated to that floor's departments
- Software to generate real-time reports and predetermined alerts for size quantity, usage, etc. to provide insight on utilization and inventory
- Follow AORN's guidelines to better prevent and control risk of infection
- Software assistance needed when there is possible glitches, issues, or concerns
- Routine maintenance to maintain machines
- Vendor on-site roll-out support to kick-off machines to help with trouble shooting, diagnostics (if needed) and assistance in training for employees

10: Sole Source No.
SS 22-0315
11. Alternate source. The following other possible sources for the good, service, or construction were 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, maintenance of machine and software

12. Direct any inquiries to:

Department: Administrative Support Department
Contact Name/Title: Nadya Castilan, MA II

13 Phone Number: $x 5629$
Fax Number:

## Expenditure may be processed with a purchase order: $\square$ Yes $\boxtimes$ 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.


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15. Date Notice Posted: $03 / 01 / 2022$ NC

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 $\square$ DISAPPROVED NO ACTION REQUIRED
Regional Chief Executive Officer Date

