EAST HAWAII REGION NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Executive Officer

2. FROM: Jeff Dansdill, Senior Contracts Manager

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:

Contractor to provide temporary nursing services (Travelers) to East Hawaii Region facilities. A \$1,000,000 NTE is being requested, but it is not anticipated to use this entire amount.

4. Vendor Name: ProLink Healthcare LLC		5. Price:
		\$1,000,000.00
Address: 10700 Montgomery Rd, Cincinnati, OH 45242		NTE
		\$
6. Term of		7. Prior Sole Source Ref
Contract:	12/01/21 to 11/30/22	No.
		<u>N/A</u>

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

As part of the Covid response, the Contractor has provided nursing resources as part of the FEMA response and subsequent DOH/HAH contract, for which the East Hawaii Region has participated. The Contractor has both the staffing resources available and experience to provide services immediately as required by the East Hawaii Region Facility.

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

The Facility is short staffed due to Covid, and there are no other known nursing resources available to provide onsite service by the December 6th requirement. ProLink Healthcare has successfully provided traveler nurses in the Facility previously and has the staffing available to assist. There is no other known staffing company that can provide the nursing resources in such a short timeframe that meet the Facilities requirements, thus potentially affecting patient safety.

10: Sole Source No. 22-0220

11. Alternate source. The following other possible sources for the goo investigated but do not meet our needs because:	od, service, or construction were	
The Facility works with a number of nurse staffing companies, but due nurses from previously used nursing companies were not available. obtain services from a nurse staffing company that previously provide State DOH contract.	Therefore, the Facility is required to	
12. Direct any inquiries to: Jeff Dansdill	13 Phone Number: 932-3112	
Department: Contract Management		
Contact Name/Title: Senior Contract Manager	Fax Number: <u>n/a</u>	
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 that the goods, services, or construction are available to the constructio	f my knowledge, true, correct and hrough only one source.	
Jeff Dansdill	11-24-21	
Department Head or designee (sign and print name)	Date	
Reserved for RCEO/Designee Use	Only	
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		