

**EAST HAWAII REGION**  
**NOTICE & REQUEST FOR SOLE SOURCE**

1. TO: Regional Chief Executive Officer
2. FROM: Sam Nelson Regional Compliance and Contracts Officer

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:

Building Mural for decoration of Medical Office Building 3.

4. Vendor Name: Kristie Fujiyama Kosmides

Address: 166 Kilauea Ave Hilo, HI 96720

5. Price:

\$ 104,312.00

6. Term of

Contract:

From: 4/25

To: 11/25

(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:

The building mural that is proposed is custom designed for the building by a known Hilo artist that can and will incorporate the style taste and culture of the East Hawaii Region into the design of the mural. The mural will be permanently affixed to the building and will welcome the local community into the clinic as they come for medical visits and appointments.

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

As a member of the East Hawaii Community- Ms. Kosmides infuses her art with a local flair and style that brings in and reflect the local community. This style is needed for a building that will serve the health care needs of the local community.

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:

N/A

**12. Direct any inquiries to:**

Department: Contracts

Contact Name/Title: Sam Nelson Regional Compliance and

Contracts Officer

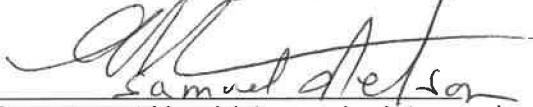
13 Phone Number: 808-932-3113

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.***

  
Samuel Nelson

Department Head (sign and print name)

4/4/25  
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 Waiānue Ave.  
Hilo, Hawaii 96720

16. Regional Chief Executive Officer's comments:

17.

☐ APPROVED ☐ DISAPPROVED

☐ NO ACTION REQUIRED

\_\_\_\_\_  
Regional Chief Executive Officer

\_\_\_\_\_  
Date