

EAST HAWAII REGION
NOTICE & REQUEST FOR SOLE SOURCE

1. TO: Regional Chief Executive Officer
2. FROM: Nadya White, Project Management Office

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:
 Produce and design signage that aligns with the current standardized signs used within East Hawaii Region Hospitals and Clinics.

4. Vendor Name: Mauna Kea Signs Address: P.O. Box 561 Kurtistown, HI 96760	5. Price: <u>\$100,000.00</u>
6. Term of Contract: From: <u>01/01/2026</u> To: <u>12/31/2026</u> (mm/dd/yyyy)	7. Prior Sole Source Ref No. <u>N/A</u>

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

Mauna Kea Signs brings extensive expertise in the hospital and ADA requirements governing both clinical and non-clinical environments. By performing this work locally and employing established signage templates from previous projects, we are able to meaningfully reduce shipping and design costs. Partnering with Mauna Kea Signs further ensures consistency in signage style, color, and finish, thereby eliminating variations and promoting a cohesive aesthetic 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 has consistently demonstrated exceptional responsiveness, including the ability to conduct on-site walk-throughs on short notice and provide timely quotations, even for urgent same-day requests. The hospital has benefited greatly from their expedited turnaround times when compared with mainland vendors—an advantage that is critical for meeting our operational deadlines. Moreover, Mauna Kea Signs performs maintenance and repairs on existing signage promptly and cost-effectively, supported by their extensive familiarity with our signage systems.

10: Sole Source No. # 26-0191

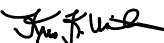
11. Alternate source. The following other possible sources for the good, service, or construction were investigated
but do not meet our needs because: Takeform: Not a suitable option due to high costs and wait time for quotes/shipping.
Creative Arts: Not a suitable option due to the restricted variety of signage options they provide.

12. **Direct any inquiries to:**
Department: Technical Services (Project Management Office)
Contact Name/Title: Nadya White

13 Phone Number: 808 932-3033
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.*

Kris Wilson 
Department Head (sign and print name)

11/17/2025
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