

# STATE OF HAWAII

## NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103F, HRS

### FORM SPO-H 150 INSTRUCTIONS

1. Enter the title and brief description of the service the department wishes to purchase. Do not use this section to describe a grant received by the purchasing agency.
2. Enter the legal name of the provider as registered with the Department of Consumer Affairs (DCCA) Business Registration Division, as applicable, and as it will appear on the contract, if approved. Enter the provider's address.
3. Enter the maximum total funds for this contract.  
If the contract will be longer than a year, enter the funding per year.
4. If an exempt purchase was requested for this service previously enter the reference (PEH) number of the prior request(s).
5. Enter the start and end dates of the proposed contract, including all possible extensions. The contract may begin later than the approved contract start date but may not exceed the approved end date. Use the field to the right of the date fields as needed for comments/explanations. If the requested term is longer than one year include justification for the extended term in section 6.
6. Describe the circumstances justifying an exemption from competitive procurement. Explain why it is not feasible to procure competitively and the justification for the contract length if it is longer than one year.
7. Describe the process/procedure to select the provider to ensure maximum open and fair competition. As applicable, include approximate dates and names of providers/organizations contacted. Note: A listing of all contacts made shall be included in the procurement file including name, date and details of information requested and the response.
8. Describe the internal controls and approval requirements for the exempted procurement. Include a brief description of the procedure to ensure proper contract administration once the contract is executed.
9. Enter the names and position titles of the purchasing agency personnel who will be involved with approvals and administration of the contract.
10. Enter the name, phone number and e-mail address of the point of contact for this request.  
Ensure the person knows he/she is listed as the point of contact.

Note: Requests for exemption from Chapter 103F, HRS and their dispositions are located on the SPO website at [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click "Health and Human Services, Chapter 103F..." and "Awards & Approvals."