

STATE PROCUREMENT OFFICE
REQUEST FOR CLARIFICATION
 CHAPTER 103F, HRS
 PURCHASES OF HEALTH AND HUMAN SERVICES

PARTIES	
Protestor/Applicant	State Purchasing Agency
Name: _____	Department: _____
Address: _____ _____	Division: _____
Contact Person: _____	Branch/Office: _____
Phone: _____	Procurement Officer: _____
Fax: _____	Phone: _____
Fax: _____	Fax: _____
Requestor <input type="checkbox"/>	<input type="checkbox"/>

PROTESTED MATTER	
<input type="checkbox"/> Competitive POS	<input type="checkbox"/> Restrictive POS
RFP No. _____	RH No. _____
Description of Health and Human Service Procured: 	

REQUEST
Pursuant to Section 3-148-502, HAR, request is made for the following information:

Pursuant to the scheduling order, response to this request is due by _____ <i>(Date due)</i>
To coordinate transmittal of your response, please contact: _____ at _____ <i>(Name of contact person)</i> <i>(Phone number)</i>