

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

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

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

<b>Response to Request</b>
Pursuant to Section 3-148-502, HAR, the following attachment(s) are submitted in response to the request for information:   

<b>CERTIFICATION</b>	
I declare, under penalty of perjury that all information provided is true and correct to the best of my knowledge.	
_____ <i>(Responders signature)</i>	_____ <i>(Typed/printed name of responder)</i>
_____ <i>(Date)</i>	_____ <i>(Responder's position)</i>