

STATE PROCUREMENT OFFICE  
**PROTEST**  
 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: _____

<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>ATTACHMENTS</b>	
<input type="checkbox"/> Attachment A: Statement of Facts and Argument (Reasons for Protest)	
<input type="checkbox"/> Attachments B-1 to B-_____: Evidence to Support the Statement of Facts or Argument (as needed)	

<b>RELIEF REQUESTED PURSUANT TO CHAPTER 148, HAR</b>	
<input type="checkbox"/>	Cancel the RFP or rescind approval of restrictive purchase of service
<input type="checkbox"/>	Amend RFP as provided in "ARGUMENT" and reissue RFP
<input type="checkbox"/>	Terminate awarded contract
<input type="checkbox"/>	Re-evaluate proposals
<input type="checkbox"/>	Re-procure necessary services under a new competitive purchase of service (RFP)
<input type="checkbox"/>	Declare awarded contract null and void

<b>CERTIFICATION BY PROTESTOR</b>	
I declare, under penalty of perjury that all facts contained in this protest are true and correct to the best of my knowledge, and that the documents attached hereto as Exhibits B1 to B-____ are true and correct copies of the originals.	
_____ <i>(Authorized official's signature)</i>	_____ <i>(Typed/printed name of authorized official)</i>
_____ <i>(Date)</i>	_____ <i>(Authorized official's position)</i>