STATE OF HAWAII
REQUEST FOR RESTRICTIVE PURCHASE OF SERVICE
PURSUANT TO SECTION 103F-403, HRS

FORM SPO-H 500
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 a restrictive purchase was requested for this service previously enter the RH 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 comments field (to the right of the date fields) as needed. If the requested term is longer than one year provide justification for the extended term. Note that restrictive purchases may not exceed 2 years without proper justification.

6. Describe the circumstances justifying a restrictive purchase. The provider must be the only provider. Restrictive purchases may not be used because a provider is the “best” or “preferred.”

7. Describe all efforts and results to determine the provider is the only one that can provide the service. As applicable, include approximate dates and names of providers/organizations contacted. As applicable, a listing of all contacts made shall be included in the procurement file including name, date and details of information requested.

8. Enter the names and position titles of the purchasing agency personnel who will be involved with approvals and administration of the contract.

9. Enter the name, phone number and e-mail address of the point of contact for this request. Ensure the person knows they are listed as the point of contact.

Notice
• Enter the name, mailing and hand delivery addresses for the procurement officer of this procurement.
• Enter the name, mailing and hand delivery addresses for the head of the purchasing agency.

Note: Requests for restrictive purchase of service and their dispositions are located on the SPO website at www.spo.hawaii.gov, click “Health and Human Services, Chapter 103F…” and “Awards & Approvals.”