

STATE PROCUREMENT OFFICE
RESPONSE TO FORMAL PROTEST
 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: _____ |

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

| RESPONSE TO PROTEST |
|---|
| Pursuant to Section 3-148-304, HAR, attached is the purchasing agency's response to the formal protest. |

| CERTIFICATION | | | | |
|---|--|--|---------------|--|
| I declare, under penalty of perjury that all information provided is true and correct to the best of my knowledge. | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px solid black; text-align: center; padding-top: 5px;"><i>(Procurement Officer's signature)</i></td> <td style="width: 50%; border-top: 1px solid black; text-align: center; padding-top: 5px;"><i>(Typed/printed name of Procurement Officer)</i></td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center; padding-top: 5px;"><i>(Date)</i></td> <td></td> </tr> </table> | <i>(Procurement Officer's signature)</i> | <i>(Typed/printed name of Procurement Officer)</i> | <i>(Date)</i> | |
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| <i>(Date)</i> | | | | |