

STATE PROCUREMENT OFFICE  
**REQUEST FOR RECONSIDERATION OF A 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>REQUEST</b>
To the Chief Procurement Officer:
Pursuant to Section 3-148-401, HAR, request for reconsideration of the decision of the head of the state purchasing agency in the above-referenced matter is hereby made.
The decision of the head of the purchasing agency was received on _____ <span style="float: right;"><i>(Date)</i></span>
Reconsideration of decision of the head of the state purchasing agency is necessary because:
<input type="checkbox"/> factual determinations made by the head of the state purchasing agency were clearly erroneous; and/or <input type="checkbox"/> the head of the state purchasing agency erroneously interpreted the applicable law.
Argument regarding the reasons supporting this request for reconsideration is attached as Exhibit A.
Copies of the Scheduling Order, Protest, Answer, Reply, and Decision (if any) together with all supporting exhibits and materials are attached as Exhibit B.

<b>CERTIFICATION</b>	
I declare, under penalty of perjury, that all the representations contained in this request for reconsideration are true and correct to the best of my knowledge, and that the documents attached hereto as Exhibit A& 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>