

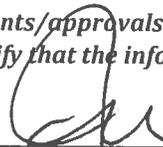


8. Identify the primary responsible staff person(s) conducting and managing this procurement. (Appropriate delegated procurement authority and completion of mandatory training required).

\*Point of contact (Place asterisk after name of person to contact for additional information).

Name	Division/Agency	Phone Number	e-mail address
Phyllis Ono-Evangelista	Procurement/OHA	(808) 594-1833	phylliso@oha.org

*All requirements/approvals and internal controls for this expenditure is the responsibility of the department.  
I certify that the information provided above is, to the best of my knowledge, true and correct.*

  
\_\_\_\_\_  
Department Head Signature

4/8/17  
\_\_\_\_\_  
Date

**For Chief Procurement Officer Use Only**

Date Notice Posted: \_\_\_\_\_

Inquiries about this request shall be directed to the contact named in No. 8. Submit written objection to this notice to issue an exempt contract within seven calendar days or as otherwise allowed from date notice posted to:

[state.procurement.office@hawaii.gov](mailto:state.procurement.office@hawaii.gov)

Chief Procurement Officer (CPO) Comments:

Approved

Disapproved

No Action Required

\_\_\_\_\_  
Chief Procurement Officer Signature

\_\_\_\_\_  
Date