BOARD OF WATER SUPPLY CITY AND COUNTY OF HONOLULU REQUEST FOR SOLE SOURCE

DATE:

July 20, 2018

TO:

ERNEST Y.W. LAU, P.E. Manager and Chief Engineer

VIA:

VICKI A. KITAJIMA

Procurement and Specifications Specialist VI

FROM:

ERWIN KAWATA, PROGRAM ADMINISTRATOR

Water Quality Division

RE:

REQUEST FOR SOLE SOURCE AWARD

Pursuant to Section 103D-306, Hawaii Revised Statutes, and Subchapter 9, Chapter 3-122 of the Hawaii Administrative Rules, I am requesting that a sole source award be approved to purchase the following:

Vendor Name & address:

PerkinElmer Health Sciences, Inc. 710 Bridgeport Avenue SHELTON CT 06484-4794 USA

007

TEL: (800) 762-4000 FAX: (203) 944-4983

The service account contact person is:

Susan Dill | Senior Account Manager Aftermarket Field Sales – West susan.dill@perkinelmer.com Phone: +203-712-8344

Fax: +1 203.944.4953 Mobile: +1 971-570-0252

710 Bridgeport Avenue, Shelton, CT 06484 USA

Amount of the contract: \$8,088.00 + any applicable tax

Term of the contract: 08/01/2018 to 01/31/2019

Prior sole source contract numbers and dates: None

Description of the goods to be purchased:

This is a service contract to repair scientific instruments needed to test drinking water for compliance with United States Environmental Protection Agency (EPA) regulations. These instruments are the PerkinElmer PinAAcle 900F flame atomic absorption spectrophotometer, the PerkinElmer PinAAcle

900Z THGA graphite furnace atomic absorption spectrophotometer, and the associated S10AUTOSAMPLER autosampler.

Explanation how the unique features, characteristics or capabilities are essential for the BWS to accomplish its work:

Both of these atomic absorption spectrophotometers test drinking water for compliance with US Environmental Protection Agency (EPA) regulations, using approved methods SM3111B and SM3113B. Both these instruments are currently in-use, testing water from customer taps islandwide for lead and copper in accordance with the EPA lead/copper rule.

Per the attached sole-source letter, parts and service for these instruments are proprietary to PerkinElmer, i.e. "...PerkinElmer LAS, Inc. is the sole source for factory new or factory remanufactured parts, local service representation and factory trained/certified engineers to provide service and installation for all instrumentation manufactured and sold by PerkinElmer LAS, Inc. PerkinElmer does not certify third party technical service nor do we have any dealers or distributors selling parts."

Only PerkinElmer has the parts and can repair these instruments. Purchasing a service contract from PerkinElmer ensures these essential replacement parts and repair services are available in order to be in full conformance with and to meet all requirements specified under EPA approved testing methods SM3111B and SM3113B.

Other possible sources for the goods that were investigated but do not meet the BWS's needs

None. Per the attached sole-source letter, parts and service for these instruments are proprietary to PerkinElmer, i.e. "...PerkinElmer LAS, Inc. is the sole source for factory new or factory remanufactured parts, local service representation and factory trained/certified engineers to provide service and installation for all instrumentation manufactured and sold by PerkinElmer LAS, Inc.

PerkinElmer does not certify third party technical service nor do we have any dealers or distributors selling parts."

I certify that the information provided above is to the best of my knowledge, true, correct and that the goods described above are available through only one (1) source.

| Emmi Kamin | | Emmi Kamais | | |
|----------------------|------------------|-----------------------|--|--|
| Requestor | | Division Head | | |
| 1/20/18 | | 7/20/18 | | |
| Date | | Date | | |
| Direct Questions to: | Ron Fenstemacher | Phone: (808) 748-5841 | | |

Posting dates pursuant to Hawaii Administrative Rules Section 3-122-82: JUL 2 5 2018 to AUG = 2 2018

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BOARD OF WATER SUPPLY CITY AND COUNTY OF HONOLULU

JUL 2 5 2018 (Date Notice Posted)

NOTICE OF INTENT TO ISSUE A SOLE SOURCE AWARD

The Manager and Chief Engineer is reviewing a request to make a sole source award to IDEXX Distribution Inc. to provide products to be used in performing Coliform analysis.

The award shall be made to:

Name of Vendor:

PERKINELMER HEALTH SCIENCES, INC.

Address of Vendor:

710 Bridgeport Avenue Shelton, CT 06484-4794

Amount of the contract:

\$8,088.00 + any applicable tax

Direct any inquiries to:

Vicki A. Kitajima

Address:

Board of Water Supply Procurement Office 630 South Beretania St. Honolulu, HI 96843

Telephone No.:

(808) 748-5071

Fax Telephone No.:

(808) 550-9193

Submit written objection(s) to this Notice of Intent to Issue a Sole Source Award contract within seven (7) calendar days from the date this notice was posted to:

Manager and Chief Engineer

Board of Water Supply

630 S. Beretania St., Room 201

Honolulu, HI 96843

Telephone No.

(808) 748-5071

Sole Source Reference No.: BWS 19-02-SS



For the Better
PerkinElmer Health Sciences, Inc.
710 Bridgeport Avenue
SHELTON CT 06484-4794
USA

TEL: (800) 762-4000 FAX: (203) 944-4983

Quotation Number 40613609

Quotation Date 12/19/2017

Your Prior Agreement 35427218

Quote Expiration Date 09/01/2018

Customer Contact

Your Prior PO Number 220597 OOO OP

Telephone Number 808-748-5841

Fax Number

QUOTATION - SEE COVERAGE PLAN(S) BELOW

Site Address:

FENSTEMACHER, DR RON CITY & COUNTY OF HONOLULU BOARD WATER SUPPLY 630 S BERETANIA ST HONOLULU HI 96843 USA Invoicing Address (if different)
CITY & COUNTY OF HONOLULU
BOARD OF WATER SUPPLY
630 S BERETANIA ST
HONOLULU HI 96843
USA

Site Number 100007676

Customer Number 4006769

| - | n ent Term s 30 days | s | Coverage Period 08/01/2018 to 01/31/2019 | Billing Plan Yearly | | ge Number of 3 |
|------|--------------------------------|----------------|--|-------------------------------|----------------|--------------------------|
| Line | Quantity | Model | Description | | List Price | Net Price |
| 10 | 1 | AAN3160050 | PinAAcle 900F FL SSN 08/01/2018 to 01/31/2019 Serial Number (PFAS14032703) Repair Coverage Plan (Parts, Labor | r, Travel & Phone Suppor | 2,436.00 t) | 2,436.00 |
| 20 | 1 | AAN3160060 | PinAAcle 900Z THGA W H2O REC 08/01/2018 to 01/31/2019 Serial Number (PZAS14041602) Repair Coverage Plan (Parts, Labor | | 3,810.00 t) | 3,810.00 |
| 30 | 1 | S10AUTOSAMPLER | S10AUTOSAMPLER 08/01/2018 to 01/31/2019 Serial Number (102S14031219) Repair Coverage Plan (Parts, Labor | , Travel & Phone Suppor | 1,842.00 t) | 1,842.00 |
| | | | Gross Price | | | 8,088.00 |
| | | | Net Price | | | 8,088.00 |
| | | | Note: taxes will be applied to your in | voice if applicable | | |



ONESOURCE LABORATORY SERVICES

For the Better PerkinElmer Health Sciences, Inc. 710 Bridgeport Avenue SHELTON CT 06484-4794

TEL: (800) 762-4000 FAX: (203) 944-4983

Quotation Number 40613609

Quotation Date 12/19/2017

Your Prior Agreement 35427218

Quote Expiration Date 09/01/2018

Customer Contact

Your Prior PO Number 220597 OOO OP

Telephone Number 808-748-5841

Fax Number

QUOTATION - SEE COVERAGE PLAN(S) BELOW

Site Address:

FENSTEMACHER, DR RON CITY & COUNTY OF HONOLULU **BOARD WATER SUPPLY** 630 S BERETANIA ST HONOLULU HI 96843 USA

Invoicing Address (if different) CITY & COUNTY OF HONOLULU BOARD OF WATER SUPPLY 630 S BERETANIA ST HONOLULU HI 96843 USA

Site Number 100007676

Customer Number 4006769

Payment Terms

Net 30 days

Coverage Period

08/01/2018 to 01/31/2019

Billing Plan

Yearly

Page Number 2 of 3

Billing Plan

Planned Invoice date(s)

Invoice Amount(\$)

08/01/2018

8,088.00

Total billed

8,088.00

Customers can also elect to pay either monthly, quarterly, or semi-annually over the entire coverage period, however an administrative surcharge will be applied to each invoice.

PerkinElmer Contact information

Quoted by:

SUSAN DILL

Telephone:

203-712-8344

Fax Number:

203-944-4983

Email:

Zone:

Zone 6

Region:

W Coast North Svcx

Location:

USHI01

| ONESOURCE LA SERVIC | | Quotation No 40613609 | umber | Quota 12/19/ | tion Date 2017 |
|--|---|---|--|---|--------------------------|
| PerkinElmer [®] | | Your Prior Ag 35427218 | greement | Quote 09/01/ | Expiration Date |
| For the Better PerkinElmer Health Sciences, Inc. 710 Bridgeport Avenue SHELTON CT 06484-4794 | | Customer Con | tact | Your Pr | rior PO Number OOO OP |
| USA TEL: (800) 762-4000 FAX: (203) 944-4983 | | Telephone Nu 808-748-5841 | mber | Fax Nur | mber |
| QUOTATION - SEE (| COVERA | GE PLA | | | |
| FENSTEMACHER, DR RON CITY & COUNTY OF HONC BOARD WATER SUPPLY 630 S BERETANIA ST HONOLULU HI 96843 USA | | | BOAR 630 S | & COUNTY OF HONC D OF WATER SUPPL BERETANIA ST LULU HI 96843 | |
| Site Number 100007676 | | | Custo 400676 | mer Number 59 | |
| | | | | - DI | |
| Payment Terms Net 30 days Additional Notes: 1. This quotation is subject to the terms and 2. Customer is responsible for applicable ta | l conditions attach xes, including sale | to 01/31/2019 ed and is valid untile, use and/or excise | tax unless other | te shown above, vise noted above. | Page Number 3 of 3 |
| Additional Notes: 1. This quotation is subject to the terms and 2. Customer is responsible for applicable ta 3. If Preventative Maintenance is covered un | 08/01/2018 I conditions attachexes, including salender your agreeme | ed and is valid untile, use and/or excise | Yearl I the expiration da tax unless other any special date r | te shown above, vise noted above. | Page Numb 3 of 3 |
| Payment Terms Net 30 days Additional Notes: 1. This quotation is subject to the terms and 2. Customer is responsible for applicable ta | 08/01/2018 I conditions attaches, including sale ander your agreement PM#2 | ed and is valid until t, use and/or excise ent, please indicate | Yearl I the expiration dae tax unless other any special date a | te shown above, vise noted above, requirements below. | 3 of 3 |
| Payment Terms Net 30 days Additional Notes: 1. This quotation is subject to the terms and 2. Customer is responsible for applicable ta 3. If Preventative Maintenance is covered un PM#1 | 08/01/2018 I conditions attaches, including sale ander your agreement PM#2 | ed and is valid until t, use and/or excise ent, please indicate | Yearl I the expiration dae tax unless other any special date a | te shown above, vise noted above, requirements below. | 3 of 3 |
| Additional Notes: 1. This quotation is subject to the terms and 2. Customer is responsible for applicable ta 3. If Preventative Maintenance is covered un PM#1 If any information presented on the document of the preventation prevent | 08/01/2018 I conditions attachexes, including salender your agreeme PM#2 It is incorrect e.g. | ed and is valid untile, use and/or excise ent, please indicate Billing address, seri | Yearl I the expiration date tax unless others any special date to all numbers, please | te shown above, wise noted above, equirements below, se indicate the required ch | anges below: |
| Additional Notes: 1. This quotation is subject to the terms and 2. Customer is responsible for applicable ta 3. If Preventative Maintenance is covered ur PM#1 If any information presented on the documer PM#1 PLEASE SIGN THIS MAINTENANCE AGE ORDER TO: By Mail: PerkinElmer Health Sciences, Inc. | 08/01/2018 I conditions attachexes, including sale ader your agreeme PM#2 It is incorrect e.g E | ed and is valid untile, use and/or excise ent, please indicate. Billing address, serion address. ATION AND RETURN By Fax: OR | Yearl the expiration dae tax unless others any special date and the second date are also date and the second date and the seco | te shown above, wise noted above, equirements below, se indicate the required ch | 3 of 3 |
| Additional Notes: 1. This quotation is subject to the terms and 2. Customer is responsible for applicable ta 3. If Preventative Maintenance is covered un PM#1 If any information presented on the document and in the maintenance is covered un PM#1 PLEASE SIGN THIS MAINTENANCE AGE ORDER TO: By Mail: PerkinElmer Health Sciences, Inc 710 Bridgeport Avenue Mail Stop 75 | 08/01/2018 I conditions attachexes, including sale ader your agreeme PM#2 It is incorrect e.g E | ed and is valid untile, use and/or excise ent, please indicate Billing address, seri | Yearl I the expiration date tax unless others any special date to all numbers, please | te shown above, wise noted above, equirements below, se indicate the required ch | 3 of 3 |
| Additional Notes: 1. This quotation is subject to the terms and 2. Customer is responsible for applicable ta 3. If Preventative Maintenance is covered un PM#1 If any information presented on the documer PLEASE SIGN THIS MAINTENANCE AGRORDER TO: By Mail: | 08/01/2018 I conditions attachives, including sale ader your agreement PM#2 Int is incorrect e.g. E | ed and is valid untile, use and/or excise ent, please indicate silling address, serion ATION AND RETURN By Fax: OR By E-mail: | Yeard I the expiration date tax unless other any special date in all numbers, pleas JRN ORIGINAL CO 203-944-4983 | te shown above, wise noted above, requirements below. Se indicate the required characteristics are the required characteristics. | 3 of 3 nanges below: |

Date

Date

Date

Date

PerkinElmer Representative

Print Name and Title

Signature of Authorized Individual

Customer Purchase Order Number



PerkinElmer Health Sciences, Inc. 710 Bridgeport Ave Shelton, CT 06484 USA

6/5/2018

Subject: Perkin Elmer Support and parts

Please be advised that PerkinElmer LAS, Inc. is the sole source for factory new or factory remanufactured parts, local service representation and factory trained/certified engineers to provide service and installation for all instrumentation manufactured and sold by PerkinElmer LAS, Inc.

PerkinElmer does not certify third party technical service nor do we have any dealers or distributors selling parts.

Please contact me for any further clarification.

Sincerely,

Susan Dill

Susan Dill | Sr Account Manager, Service Contracts PerkinElmer | For the Better

susan.dill@perkinelmer.com Phone: +1 800 762 4000 Fax: +1 203.944.4983